

CHEMIST & DRUGGIST

The newsworthy for pharmacy

a Benn publication

December 12 1981

A forecast
for chemists
from the
Henley Centre

Threats to
new pharmacy
in dispensing
doctor area

Talks with
Home Office on
CD security



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a Prosperous New Year.*

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CHEMIST & DRUGGIST

Incorporating Retail Chemist

December 12 1981

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COMMENT

Law and justice

Oh dear. *C&D* has upset the *Pharmaceutical Journal* by drawing attention to (and some inferences from) the case of a pharmacist who was convicted of the "strict liability" offence of making an unsupervised sale of a Pharmacy Only medicine (Comment November 28). The conviction was in the unusual circumstances that no evidence was heard, the judge having ruled that admission of the facts was sufficient for a finding of guilt, whatever the plea entered.

A *PJ* leading article last week maintained that the decision was in line with policy followed since the 1933 Act was implemented, and *C&D* certainly cannot claim to be the legal authority in such matters. Nevertheless, it seems curious that such an allegedly open-and-shut case should have wasted "several hours" of the court's time while the lawyers debated the question before the judge in the absence of the jury! What we are certain is that many retail pharmacists will have been unaware of the "absolute" nature of this offence — which is why we drew the ruling to their attention.

C&D also expressed the opinion that natural justice would suggest that circumstances *should* be taken into account. *PJ* disagrees, admitting their relevance only in the penalty imposed. The journal's article goes on to say that the "guilty mind" concept applies to serious offences. But "serious," too, can be relative — to the pharmacist the disgrace of the conviction, plus the local publicity and the possible appearance before the Statutory Committee, are hardly trivial matters.

In this week's issue (p1094) there is further evidence of just how easily a pharmacist may be led into this absolute offence. In one case the claim was made that an assistant did not request supervision by the pharmacist — who was in the dispensary. In the other case, the assistant called "Codis" but the

pharmacist did not look up to check. "Supervision," he said, is at times an impossible task. Contrast those cases with the judge's finding in the Tenterden case that "supervision" of dispensing by a doctor is effective if he merely accepts responsibility for it — it would seem he need not even be on the premises (and by common agreement, frequently is not).

The trouble is that pharmacists have their every move ruled by a law, in circumstances where other professions would be expected to set up procedures and training for their staff, accepting responsibility for the *consequences* of failures of the system rather than for "letter of the law" errors.

In times when two identical products with different brand names can be Pharmacy Only or GSL according to the whim of their manufacturers, the principle of absolute offences so vigorously defended by the journal seems sometimes to have little to do with protection of the public. ■

'Threats' to a new rural pharmacy

A pharmacist is planning to open a business in the village of Great Wakering, Essex, in the face of opposition from a dispensing doctor practice and a vociferous section of the local population.

It is claimed by a local protest group that the opening of the pharmacy (by Mr L. Collin, MPS) will drive doctors from the village. An article in the Southend *Evening Echo* headlined "Doctors will go if chemist opens say angry mums," says one of the doctors admitted that the opening of the pharmacy could mean some of the doctors leaving.

There are three doctors in the practice, based in a health centre which opened only last year. The practice is understood to have about 8,000 patients on its lists. The average size of a GPs list is 2,238 in England and Wales. Great Wakering itself is about five miles from Southend and has a population of around 6,000, and a small High Street.

Boycott planned

A further article in the *Echo* on December 1 was headed "Families plan shop boycott to stop chemist." On December 3 Mr Collin was present to put his case at a public meeting organised by the protesters. The paper estimated there were 500 people at the meeting, but Mr Miall James, Press officer for the local branch of the Pharmaceutical Society, says the figure was nearer 150.

Mr Collin got an unfriendly reception and threats were made against his person and the new premises. A picture of the meeting in the *Echo* was captioned "On-the-spot medicine easier to take." Rev Keith Plaister, the local vicar, who attended the meeting, said that part of the audience was a "rather intolerant mob," not allowing Mr Collin to speak.

Mr James has expressed concern at the manner in which the story has been carried in the local Press. He has written to the *Echo* explaining the pharmacists' case, and says that people are being "fed on a diet of lies and half truths."

The breach of the Clothier has been condemned by the local joint standstill committee. Mr Alan Smith and another colleague from the national committee visited the village on December 4, and saw the doctors in an attempt to reach a local agreement. *C&D* understands that they were not successful.

Mr Collin told *C&D* that he had made every effort to reach an amicable

compromise, even offering to waive his right to the transfer of patients from the doctors' dispensing list until next Summer, in the hope that compensation arrangements will have been finalised.

Better reception

Mr David Jeyes co-operated with Northants FPC by delaying the opening of his pharmacy in Earls Barton for eight months to see if the Clothier proposals were implemented. The village has not had a pharmacy for eight years and the local council and patients wrote to the FPC supporting the proposals to open a shop.

The plan was opposed by a one-doctor dispensing practice, which will lose its dispensing rights next February. Another practice with a branch surgery in the village supported the plan however.

Mr Jeyes told *C&D* he thought it was criminal that the delay should be because one man was losing a "perk," when some 5,000 people were involved. His pharmacy has now been open for six weeks and any feelings of guilt there might have been over breaking Clothier have been banished by the favourable reception people had given to the shop. ■

Regulations on Clothier soon?

Informal discussions on the proposed legislation to implement the Clothier Committee's recommendations on rural dispensing are now complete.

The Pharmaceutical Society's Council heard at this month's meeting that the draft memorandum and Regulations are expected to be circulated for formal consultation in January or February 1982.

'Don't blame doctors'

Implementation of the Clothier report is not being held up by the failure of medical practitioners to contribute either voluntarily or compulsorily to the medical compensation fund, according to Dr John Lewis, secretary to the General Medical Services Committee.

Dr Lewis told *C&D* that he was "a little tired of comments in the pharmaceutical Press." He went on: "We are not dragging our feet and are doing

the best both publicly and in committee to proceed. Until the draft regulations are approved, the fact that doctors have not agreed to finance the compensation fund has no delaying effect."

The rural practice subcommittee of the GMSC has proposed that the following options should be given to Local Medical Committees in England and Wales:

☐ LMCs should make a contribution based on the number of dispensing doctors for whom their FPC is responsible.

☐ A mandatory levy should be pressed for, in the knowledge that this would at least delay and probably block implementation.

☐ The Clothier report should be implemented without compensation.

LMCs are to be asked which option they favour. ■

DHSS pressed again on 'flu vaccines

Concern about the supply of influenza vaccines continues with the Pharmaceutical Services Negotiating Committee sending their own protest to the Department of Health.

The PSNC letter, addressed to the Minister for Health, Dr Gerard Vaughan, outlines how a greater number of pharmacists are losing money every year through unused vaccines when doctors decide to supply directly to their patients. This will lead to pharmacists destocking and in the event of a future influenza epidemic supplies may not be available, it predicts.

The arrangement whereby no prescription charge is paid if the patient is supplied directly by the doctor is unfair, the letter continues, and give the doctor an opportunity to canvas for business. It ends with the following paragraph: "The PSNC considers that the system is unfair to pharmacy contractors and results in a loss of revenue to the Exchequer. Furthermore, it is open to abuse by medical practitioners, and PSNC formally requests that further consideration be given to this matter."

The National Pharmaceutical Association and the Pharmaceutical Society have already written separately to the DHSS about the situation (*C&D*, November 14, p898).

■ Macarthy's Ltd still believe it is possible to obtain a legal decision in the Unichem profit share dispute "well inside" the 12-month period Unichem forecast, said a statement issued as *C&D* went to press on Wednesday. ■

Script 'tax' criticised

The proposed increase in the standard prescription charge of 30 per cent to £1.30 from April next year will add to the problems of the sick, says the Pharmaceutical Services Negotiating Committee.

Mr Alan Smith, PSNC's chief executive, says: "The committee has always opposed prescription charges, which it regards as a tax on people who are least able to bear it."

A spokesperson for the Department told *C&D* that in addition to the rises announced by the Chancellor of the Exchequer to £1.30 for a standard prescription and £20 for a twelve month season ticket (from £15) — the current charge for a single elastic support stocking of £1.60 "could change." The present charge of £1 for anklets, kneecaps, trusses, wigs and prosthetic brassieres is "expected to go up." Strong rumours that the price for a four month season ticket would increase by £1.50 to £7 have been circulating.

The Pharmaceutical Society has been reported as urging members of the public to take advantage of the season tickets to offset both existing and proposed increases in prescription charges — this is only applicable to people on long term courses of medicaments.

C&D is advised by the Department that the total planned revenue figures for 1982-83 now stand at £8,160 millions (£7,620m in 1981-82). These are cash figures and relate directly to spending on hospital and community health services.

Return from charges

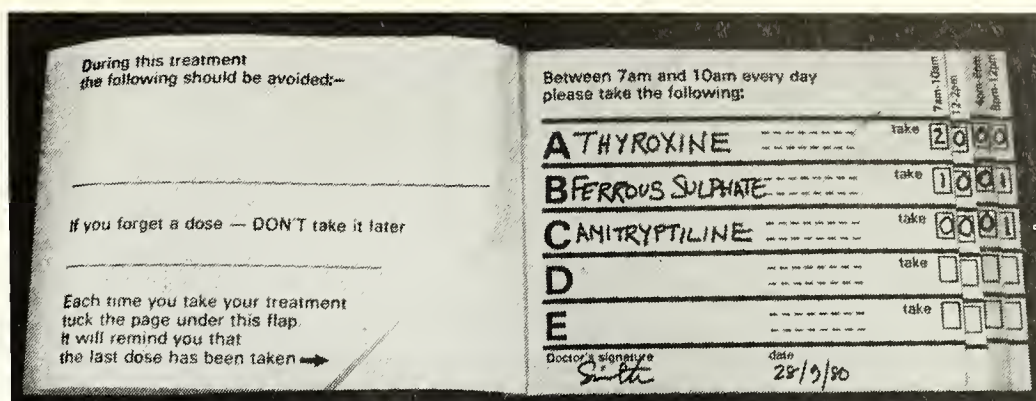
The Department envisages the total income from prescription charges for Family Practitioner Services will be £105m — 8 per cent of the total cost of the pharmaceutical services at £1,235m.

The Department was unable to substantiate other figures that have appeared in the Press that £40m will be raised by the new prescription, dental and optical charges and therefore more than offset any increase in health spending. The report says this was due to rise from an annual £10,793m to £11,613m in 1982-83 but is now set at £11,650m.

Mr Smith says: "If the NHS is underfunded, the shortfall should, in our view, be made up from taxes on those who are fit and not by imposing a financial penalty for sickness."

"The considerably increased charges may deter patients from seeking medical care at an early stage and consequently lead to much heavier costs to the NHS at a later date."

Prescription charges stood at £0.20 in May 1979 when the Labour Government left office and the latest rise will amount to a 650 per cent increase. ■



MRC to conduct 'compliance' trial

The Medical Research Council is investigating a new aid to patient compliance — a small "reminder booklet" — and would like to hear from pharmacists interested in taking part in its trials.

The booklet has four pages, each one referring to a different time interval during the day and listing the medicines to be taken in that interval. As soon as the patient has taken the required medicines, he or she slots the page under a flap on the front cover and can thus keep track of the doses taken. Advice is given on what to do if a dose is forgotten or if side effects occur, and there is space for additional comments, eg, what other drugs to avoid.

Dr Arnold Wilkins and Dr Patricia Wright at the MRC's Applied Psychology Unit, Cambridge, designed the booklet to require almost no extra work on the part of the prescriber. It can be placed under the prescription form when the prescription is being written and selective use of self-carbonation paper allows only the drug names to copy through on to the booklet. The pages are staggered so that the bottom one is the widest and the

number of tablets to be taken during each interval can be written at the right hand side of each page without the need for page-turning. Up to five drugs can be entered on each page.

Dr Wright explained to *C&D* that research is at an early stage and the booklet is being modified according to the reactions of patients and physicians. At present it is being used in hospitals by consultants who prescribe multiple drug regimens. One of its potential advantages is that it is cheaper than commercially available aids to compliance such as the Dosett. However, trials are being carried out at St Pancras Hospital to discover which approach is the most cost-effective.

Work is also being done using a Dosett incorporating concealed electronic equipment that records the time at which each compartment is opened to take out the dose.

The reminder booklets are available to those pharmacists who would be willing to give some "feedback" to the MRC on their use. Details from Dr Arnold Wilkins, MRC Applied Psychology Unit, 15 Chaucer Road, Cambridge. ■

Guild decides on grading issue

The Guild of Hospital Pharmacists wants the same salaries for the new pharmaceutical officer posts as those currently paid to APhOs.

At last week's Guild Council meeting a draft document on grading and salaries of pharmaceutical officers following NHS restructuring was agreed. This gives pharmaceutical officers responsible to one or more new District Health Authorities the same salary scales as those for area pharmaceutical officers, using managed population, number of staffed beds and status teaching as criteria. The salary range would thus be £14,743-£17,140.

The Guild Council agreed that the new posts would carry the same duties as the existing APhOs with the areas of responsibility broadly corresponding, in terms of pharmaceutical workload, to the areas of operation recommended in the Noel Hall Report. The draft document now has to be agreed at the next joint Whitley Council meeting scheduled for December 16.

Discussions took place on the eligibility to apply for posts in the

reorganised structure. It was confirmed that it should be decided at regional level, whether the post would involve a substantial change in job description and if so the eligibility for application. Priority for application should be given to those pharmacists whose jobs are at risk it was emphasised. Area pharmaceutical officers and area pharmacists posts would possibly be at risk pending the appointment of a full-time officer.

TUC affiliated unions with members working in the NHS had agreed to co-ordinate their efforts in 1982 salary negotiations, it was reported. In the light of Government-announced 4 per cent cash limits for public sector salaries in 1982 and bearing in mind the current estimated 12 per cent rate of inflation, Council members agreed that the staff side of the Pharmaceutical Whitley Council should enter a claim to the management side as soon as possible along these lines. It was Council's view that by joining this co-ordinated TUC effort the staff side would be in a better position to campaign against the 4 per cent cash limits. ■

Bulk script advice causes doctors no problems . . .

Chemists are fulfilling bulk prescriptions and doctors are not experiencing any problems, according to Dr John Ball, the chairman of the General Medical Services Committee. Dr Ball told *C&D* that this observation was the result of "anecdotal reports." He reaffirmed the position of the GMSC on the bulk prescription issue: "The present unilateral action by pharmacists does not provide a suitable basis for profitable talks."

A spokesman for the Pharmaceutical Society said that their intention that no patient should be inconvenienced by the action of pharmacists was being fulfilled: "We have no evidence whatsoever that pharmacists are not complying with the president's letter."

"Our only contact with pharmacists has been with individuals wanting a further explanation of the background to the bulk prescription issue."

The Pharmaceutical Services Negotiating Committee have not had the feedback that was perhaps anticipated.

Boots say are in a similar position. A company spokesman said that as yet no pharmacist manager had contacted the superintendent's office to report any difficulty in fulfilling the terms of the company's letter on bulk prescribing of POMs. "It appears that our managers have been able to resolve any difficulties at a local level." ■

. . . but concern over administration

Pharmacists are increasingly concerned about loopholes in regulations which allow unqualified or inadequately qualified staff to administer dangerous drugs, according to an article in last week's *Sunday Times*. The article dwells at length on the death of Jacqueline Shalloe who died of hypostatic pneumonia due to drug therapy.

Mrs Shalloe was a voluntary mental patient who died after a "cocktail" of central nervous depressants was administered by unsupervised night staff in hospital. The article notes that the drugs given were marked PRN, meaning administration was left to the discretion of the staff on duty, and says many pharmacists believe that these disturbing practices in prescribing and administration must be changed.

The article concludes by drawing attention to the bulk prescribing dispute between the NHS and the Pharmaceutical Society. The article says this may put an end to bulk prescriptions, but does not solve the problem of PRN. Professor Parish, director of the Medicines Research Unit, Cardiff, is quoted as saying: "In America, in long stay and

psychiatric hospitals, the drugs prescribed for every patient have to be checked once a month by a qualified pharmacist. We have no such safeguards here. It is time we did."

PSNC has advocated that the general practice pharmacist should be considered a suitable person for inspecting the drugs cabinets in nursing homes and institutions — these suggestions have proved unacceptable. *C&D* understands Area Pharmaceutical Officers are responsible for making any such checks in the present situation. ■

Vestric's 'Linked' purchase discounts

Vestric have recently retracted an offer of "extremely competitive" discount terms made by the manager of the Leeds branch to 30 or 40 customers — the offer was apparently made without the knowledge of Vestric's top management and sent out in a circular letter during November by the manager of the Morley, Leeds branch, Mr D.H. Cruickshank.

These terms were available on qualifying purchases only for a 30-day settlement and varied from 2.5 per cent on overall purchases of £500 to £999; 5 per cent on £1,000 to £1,999 rising by 1 per cent on each £1,000 band up to 7 per cent. An 8 per cent discount was available on purchases of £4,000 to £6,000 increasing by 0.5 per cent for successive £2,000 bands to a maximum of 9.5 per cent on £10,000 and above.

Mr G. Tasker, Vestric's operations director, told *C&D* that the earlier circular sent out by Mr Cruickshank had been sent out without authority and was subsequently withdrawn by the operations controller, central division, in a letter sent out during the last week in November. This letter stated that only Vestric's standard terms of a 3 per cent discount on purchases of £1,000 to £1,200 and 8 per cent on qualifying purchases of £1,201 and above applied to purchases made through the Leeds branch.

C&D has been advised by a subscriber that the competitive terms have since been re-iterated, but Mr Tasker said that any such offer by a branch manager would only have been made if that customer undertook to use Link, Vestric's new computer package (*C&D*, October 31, p818), as soon as it became available in a particular area.

"Terms over and above our published terms are normally associated with the use of our retail pharmacy terminals." He said that assurances on volume were also required.

Mr Tasker pointed out that in his view wholesalers up and down the country



Mrs Jean Baird of Coatbridge, Scotland, receives her prize of a video recorder and a £100 in premium bond vouchers as winner of the Anusol self-selection pharmacy competition. Mr M. Kerins (Warner-PD representative) presents the prize with help from Mr Jim Montgomery (Northern district sales manager)

sometimes made exceptional offers to individual pharmacists and that the personal offer made to *C&D*'s subscriber was therefore not exceptional, particularly as he believed the offer was "linked" to Link. ■

Diabetic foods in grocery chains

Another traditional "chemist line" — diabetic foods — is working its way into the grocery trade.

Bayer are currently offering supermarket multiples the chance to sell their Sionon range although only two companies are stocking it at present. Fifteen Asda stores are testing the products and they are also being sold by two branches of Morrisons, a northern-based chain.

The company sees its move into grocery outlets increasing the overall size of the diabetic food market. A precedent was set by the establishment of health food sectors, it says, and maintains that growth will come through informing people of the availability of diabetic alternatives.

Earlier this year, a 9,000-person NOP survey showed a greater potential than Bayer had previously realised for purchase of their foods by acquaintances of diabetics (*C&D*, August 8, p218). This prompted their move into general Press advertising. ■

October sales

Retail sales by all chemists rose by 6 per cent in October to an index of 147 (1976 = 100), against an increase of 8 per cent (index 176) for all businesses. For small chemist businesses the index was 127 (+ 5 per cent) and for large 253 (+ 9 per cent). Combined sales by chemists and photographic dealers rose by 9 per cent to an index of 162. NHS receipts are not included. ■

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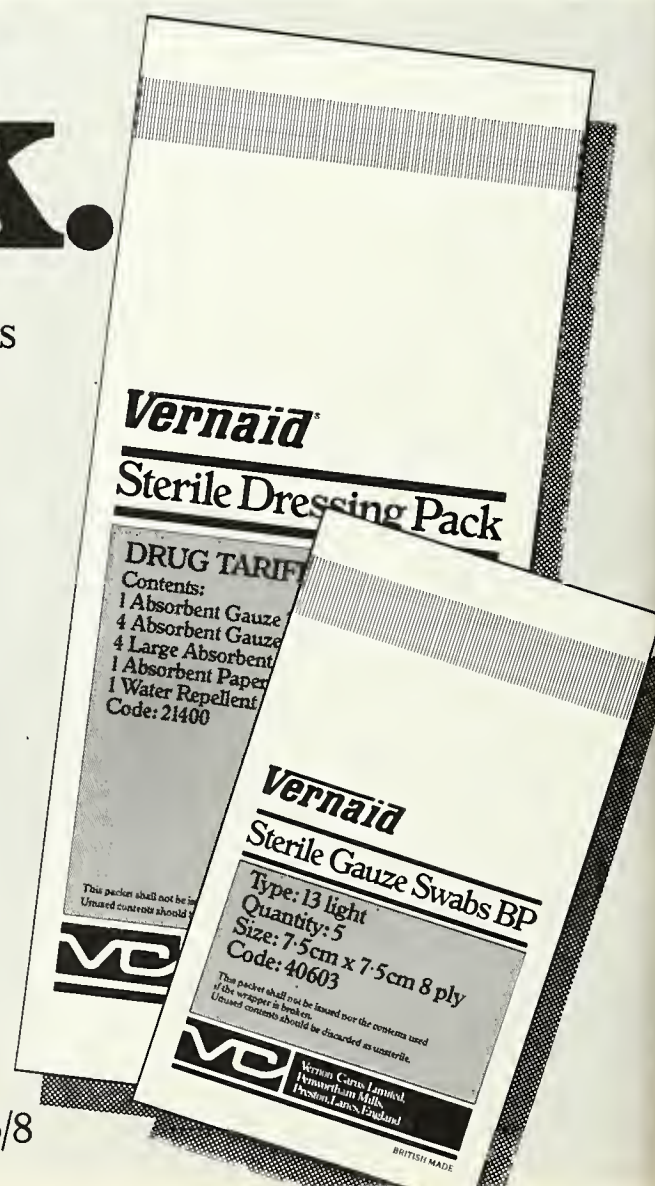
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Mr Keith Preece, BSc, MPS, has gained a BA honours degree in business studies. A former *C&D* technical editor, Mr Preece is employed as a pharmacist in the DHSS pharmaceutical division.

David Walker, Unichem's management services director, addressed more than 300 delegates from pharmaceutical wholesaling companies on the future of pharmacy computers at the biannual conference of the International Federation of Pharmaceutical Wholesalers in Mexico City last week. Mr Walker was the only speaker from the UK to talk on the subject.

Deaths

Eustace: Mr Kenneth Eustace, chairman and joint managing director of Eustace International. *A son writes:* He began his career in the family business in the 30s and initially underwent training in practical woodworking, which he loved and later in the administration of the company. It was he who pioneered the introduction of E Plan unit shopfittings, and his energy and innovative mind influenced company policy in many ways. He took an active interest in associated companies, becoming chairman of the group; he will be succeeded by his brother, Alan Eustace, with whom he has worked closely for almost 35 years. Outside the business, his consuming interest was horses and latterly he became chairman of the Permit Trainers Association and served on the Court of Assistants of the Worshipful Company of Wheelwrights. He leaves a widow, two daughters and two sons, the eldest of whom, Christopher, is a director of Eustace International. ■

News in brief

■ **The Medicines (Data Sheet) Amendment Regulations 1981** (SI 1981, No 1633, HMSO, £0.30) amend the Medicines (Data Sheet) Regulations 1972 by omitting the requirement as to the dimensions of a data sheet included in a data sheet compendium.

■ **The Medicines (Contact Lens Fluids and Other Substances) (Termination of Transitional Exemptions) Order 1981** (SI 1981, No 1690, HMSO, £0.30) appoints July 1, 1983, as the date when transitional Medicines Act exemptions for contact lens fluids will end. Under The Medicines (Contact Lens Fluids and Other Substances) (Labelling) Amendment Regulations 1981 (SI 1981, No 1689, HMSO, £0.30) manufacturers will have to comply with the 1979 Regulations on labelling of contact lens fluids by January 1, 1985, wholesalers by July 1, 1985, and retailers by January 1, 1986.

By Xrayser

Unstuck

I really stirred up the gutta percha when I moaned about those black tendrils of jungle rubber which reach out of the innards of my typewriter and devour whole labels till the works seize up. I've just had another batch of letters, for which I thank the writers most heartily.

Apart from the old Imperial typewriters, which released their platens for cleaning by pushing a couple of clips, I am told that another machine, the Olympia Monica portable, has a removable platen which allows both it and the rollers to be taken out for cleaning, a matter of a couple of minutes with carbon tet. Another writer tells that he inserts absorbent paper which he then proceeds to saturate with chloroform, which frees the gunge nicely. Ideal job at bedtime!

The balance of writers, however, have sought alternative label suppliers. Mr Maxwell of Bolton suggests that Nor Systems of Harwich have solved his problems with a water-soluble adhesive which sticks to glass well — although he does say he occasionally needs Sellotape on dropper bottles. (I wonder if it sticks to plastic?) The cost of $2 \times 1\frac{1}{2}$ in labels is £2.70 per 1,000 for 50,000. Mr Toothill of Woodford Green sent me samples of his labels which are butt-jointed so there is no space for the goo to go through. They are supplied by the Baker Self Adhesive Label Co Ltd, 70 Brunner Road, Walthamstow, London, whose service he says is fast and cheaper than others. He also made the masterly point of *never* reeling a label back after passing the join.

There seems no doubt for the kind of use we have, there is need for a better non-creep adhesive, and/or that we must insist that the machines we buy have easily-removed platens as a matter of design. The NPA may want to talk to suppliers?

Inanities

Have just had a note from PSNC telling us there is confusion over what erythromycins we may dispense on dental prescriptions. We are told with admirable clarity, that dentists

□ *may* order tab erythromycin (as Erycen, Erythromid, Ilotycin, or Reticin, all 250mg)

□ *may not* order Erythrocin suspension, injections or tablets

□ *may not* order Ilosone suspension, capsules or tablets

□ *may not* order Erythroped susp 125mg/5ml or 500mg/5ml

□ *They can* order mist erythromycin ethylsuccinate DPF 250mg/5ml, which is

only available as . . . wait for it . . . Erythroped susp 250mg, which is allowed. But if the dentist orders 125mg or 500mg mixtures, then we have got to go through the asinine process of either making a dilution (with syrup of course) from that single product, or dispensing two bottles to give a 10ml dose, when ready-made products are available at less cost.

Since the DHSS is not widely renowned for its humour we must assume the idiots who made the ruling enjoy the exercise of power and see themselves as the great simplifiers of dental dispensing. But then the Department also houses a financial genius who, to save an estimated £50,000 a year, dictated that when Micropore is ordered and dispensed, the pricing bureau shall pay us 2.6p *less* than it actually costs. We should thank P.V.A. Drane who wrote to the *PJ* drawing attention to this.

The PSNC is said to be looking into the matter. How long has it been going on? Will we be reimbursed for past under-payment? If the PSNC knew of it why didn't they jump about immediately?

Roundabout

Do read the nice letter I received from Mr Dunsire of Norfolk (see p1124 — Editor) suggesting that the direction of customer flow depends on which way the shop door opens. While I imagine it would have an effect in very small premises, where a 3-ft door opening inwards would present a barrier to traffic, the effect would appear to be a matter of scale, lost quickly where any sort of vestibule exists.

Far more important to the planning of customer flow is which side of the shopfront the door is placed. Since Professor Heineken (I get paid for every mention) suggests that people want to reach the places they desire as quickly as possible, it must be logical to lead customers in a straight line to the products, once they have entered the shop. Thus, door on left of shop leads to clockwise traffic flow, door on right anti-clockwise? And how about double doors in the middle?

It's not hard to manipulate design and fittings to induce a desired direction of customer traffic, although our final choice may be affected by outside constraints such as Mr Dunsire's placing a door on the left side of the shopfront to avoid having a step. None of which really alters my observation that over 90 per cent of the stores in my district have customer flow anti-clockwise.

But so long as our layouts ensure that all the goods in our shops reach customers they might not otherwise reach, I don't suppose it matters a tinker's cuss how they get there. ■

Pharmacist 'didn't bother' to pay his fees

The head of a retail pharmacy business, with branches in Dorset, Hampshire, Surrey and Hertfordshire, admitted that he carried on trading while his name and four business premises had been removed from the Register for non-payment of fees.

Mr Charles Penny, of Haven Road, Canford Cliffs, Poole, recently appeared before the Pharmaceutical Society's Statutory Committee to answer complaints of unlawful trading at pharmacies at Haven Road, Canford Cliffs; Shawfield Road, Ash Vale, Aldershot; Ockam Road, East Horsley, Leatherhead, and High Street, Berkhamsted.

Name removed five times

Mr Josselyn Hill, for the Society, said that on five occasions between 1974 and 1980 Mr Penny's name was removed from the Register for periods of up to two months for non-payment of fees and the four pharmacies were also erased on several occasions for up to three months.

He said there were also complaints from the Society's Council that Mr Penny used loose leaves of paper, instead of a bound book, for recording Controlled Drugs, failure to keep records of Prescription Only medicines, and failure to display the certificate of the pharmacist on duty in a pharmacy.

The chief inspector, Mr Gordon Appelbe, said, that after several warnings about the non-payment of registration fees he visited the shop at Canford Cliffs in July last year and was sold a pharmacy medicine by Mr Penny's wife in the absence of a pharmacist.

When he saw Mr Penny and asked him why he had not paid his fees, although he was aware that he had been removed from the register at the end of May, the pharmacist replied: "I do not know why we should be bothered with a few bob." Mr Penny argued that once registered he should not have to pay the small amount of money to remain on the Register each year.

Mr Penny told the Committee that he acquired the shops between 1965 and 1976. The Berkhamsted pharmacy had a permanent manager and the East Horsley business was partly run by his son, who was not a pharmacist. Mr Penny divided his time between the other two premises at Canford Cliffs and Ash Vale.

He denied that he had deliberately and wilfully ignored warnings from the Society. He was kept extremely busy and

had tended to put correspondence to one side and forget about it. Mr Penny added that he had now put the Ash Vale shop up for sale and the Berkhamsted business would probably be purchased by the present manager.

Cross examined by Mr Hill, Mr Penny said he had no excuse for allowing the premises to be erased from the Register year after year, but did not realise that he was breaking the law. "All my energies are devoted to running the business," he said.

Postponing the case for 12 months, the chairman Sir Carl Aarvold, said the Committee had heard a story of indifference on the part of a pharmacist and of the requirements of the law being treated with a certain amount of contempt. He told Mr Penny that it might be that obstinacy, pig-headedness, or a keen desire to further one's business interests had a place in the world, but not to the exclusion of the requirements of the law and the interests of the public.

Sir Carl added that Mr Penny, in his arrogance, or from having been too busy may have decided not to bother with what he regarded as triviality. But the carrying on of a pharmacy unlawfully was not triviality and could be treated as criminal. "We hope these proceedings have brought home to him a sense of shame for the way he has behaved in the last few years."

Reprimand for theft

A pharmacist who stole from the shop where she worked in Lea Road, Wolverhampton, was given a severe reprimand for misconduct by the Committee. Miss Hilary Goldenfield, 25, of Shaftmoor Lane, Hall Green, Birmingham, had signed a statement admitting she stole cash and goods worth a total of £2,000 from the shop and promising to pay it back, said Mr Josselyn Hill, for the Society. Her failure to keep her promise to repay the money was not the conduct of a professional person, he said.

Mr Hill said she had pleaded guilty at Wolverhampton magistrates court in February to four charges of false accounting and four charges of theft involving a total of £5.95. She was fined a total of £600 and ordered to pay £55 costs.

The charges arose from test purchases at the shop by employees of a security firm in June 1980. Miss Goldenfield, the superintendent pharmacist, was interviewed by the owner of the business,

Mr Roy Lane, and a director of the security firm. Evidence was put to her of under-ringing the till and falsifying cash rolls, said Mr Hill.

She then made a statement saying she had taken money and goods worth £2,000. She said she would give Mr Lane £1,100 from her building society account, and agreed to forfeit her wages of £421 for that month. But after being sacked she denied the thefts and claimed that the dismissal was unfair.

Miss Goldenfield told the Committee that the statement was made under duress, and the amount she had stolen was much less than £2,000. She said: "The statement was more or less dictated to me. I was told what to put in it. I was told unless I put in it that I would repay Mr Lane they would call the police and I would spend the night in prison. That terrified me."

Goods in exchange

She said she started stealing when she naively believed a salesman who gave her some free goods for the shop and told her it was normal to take something in exchange. She added: "I apologise for my behaviour and assure you that nothing like this will ever happen again."

Both Mr Lane and Mr Rex Bell, of the security firm, insisted that the figure of £2,000 came from Miss Goldenfield herself. Sir Carl Aarvold said Miss Goldenfield had behaved in a very dishonest way, stealing from her employers and being sufficiently cunning to hide her actions by falsifying the till rolls. Her persistent thieving over a period of two or three months and the deceit it involved would justify the removal of her name from the Register, he said.

A Kingsbridge pharmacist was also reprimanded for misconduct. It was found that there was inadequate supervision of the sale of a pharmacy medicine on two occasions at Mr David Washington's shop in Fore Street. The Committee also reprimanded D & B Washington Ltd, of which Mr Washington is superintendent pharmacist.

Mr Washington and the company appeared before the Committee following the company's conviction at Kingsbridge in April last year when it was fined £200 after pleading guilty to the sale of Panadine Co tablets in September 1979 without the supervision of a pharmacist.

Mr Washington also faced a complaint from the Society that in February this year an inspector was able to buy Gees linctus pastilles without supervision. He said the first sale — to the Society's chief inspector Mr G. Appelbe — occurred while he was on a family holiday in France. He had arranged for full-time locums to be employed at each of the two branches

over the holiday period. But the locum for the Fore Street shop had withdrawn from the arrangement and he was only able to find a locum for each morning.

He thought this would be satisfactory, particularly as he had instructed his staff not to sell any item marked "P" in the absence of a pharmacist, and there was also a notice near the till to this effect. But an assistant made the sale in error in the absence of a pharmacist.

Mr Washington said the other sale was also a mistake by a member of his staff. He was in the dispensary at the time only a few yards away, but the assistant did not request his supervision and he did not know the sale had taken place until it was pointed out to him by the inspector.

No action was taken by the Committee against a London pharmacist who admitted that he failed to supervise the sale of a Pharmacy Only medicine. The Committee was satisfied that a court conviction in August 1980 was sufficient. Sir Carl Aarvold said that Mr Zamet had frankly admitted that on this occasion he had broken the law. It was unusual to have such a frank admission.

Mr Nathan Zamet, of Christchurch Avenue, Kilburn, and N. Zamet Ltd, of which he is superintendent, came before the Committee following their conviction at Bow Street magistrates court in February. They were fined £25 each for the sale of Codis tablets without the supervision of a pharmacist at a pharmacy at Leicester Square underground station. The Committee also decided to take no action against the company.

Supervision 'impossible'

Mr Josselyn Hill, for the Society, told the Committee that the sale by an assistant was to a Society's inspector. He said that the pharmacy had since closed.

Mr Zamet said that he was very busy in his dispensary only a few yards from the point of sale. An assistant called out "Codis," but he failed to look up to check. He asked the Committee to appreciate that "supervision" as required by law was, at times, an impossible task.

A 70-year-old Putney pharmacist, Mr Frederick Wise, was given a "final chance" to bring the conditions of his dispensary up to the required standard. The Committee postponed its decision until next July. It had already found — at a hearing in May — that misconduct had been established against him.

The chairman, Sir Carl Aarvold, said that at the time of the last hearing the premises were clearly a disgrace and a danger. They had been in a state of neglect for some years. But in view of the efforts Mr Wise had made since then, the

Committee felt that he should be allowed a little longer in which to achieve the standard required.

The Committee had been told by Mr Victor Franklin, of the Society's law department, that although conditions at the pharmacy had considerably improved, they were still not up to the standard the public and the profession were entitled to expect. Mr Wise runs a pharmacy in Lower Richmond Road.

At the Committee hearing in May, he admitted the complaints made against him by the inspectors, but said that some of

their allegations were exaggerated. He said he had done his best in the past to tidy up his premises.

The Committee warned that it took a serious view of the conduct of a Manchester pharmacist who admitted stealing 400 Diconal tablets from his employer for his own use. Mr John Szpila said in a letter to the Committee that he had used the tablets to relieve his mental suffering and not for "kicks." Sir Carl Aarvold adjourned the hearing to give him another opportunity to attend and call medical evidence if available. ■

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- ★ Is now a normal pharmacy only medicine — no signature or prescription required
- ★ Previous concern of minority abuse potential now not applicable (see formula details below)
- ★ Retained efficacy and acceptability
- ★ Regained a sales growth with proper advertising support level



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Chemists' prospects for sales and profits in the 80s

An analysis of the economic and social factors likely to affect retailing generally, and chemists in particular, during the early eighties. Prepared for *C&D* by Bob Tyrrell and Mary Shellens of the Henley Centre for Forecasting*

General background

Towards the end of this analysis we will focus on the chemist market. However, it is impossible to deal realistically with such a detailed component of our economy and society unless we have first addressed a series of dominating "macro" influences. These can be usefully organised under the following headings.

1. The economy

To start on a gloomy, but realistic note, it has to be said that we cannot look forward in the short-term to a rapid recovery of employment, incomes and spending power in the economy. Indeed, for those at the sharp end in the consumer goods market the past couple of years have really been a period of "phony war", and the real recession has yet to hit them. A number of factors underlie this view.

First, inflationary pressures in the economic system, combined with the Government's preoccupation with the elimination of those pressures (even in the face of mounting unemployment), mean a period of continuing austerity in public spending, the absence of significant income tax reliefs, tight credit conditions and high interest rates. Second, the timing

of upturns in the economies of our principal trading partners offers little hope of short-term relief. Indeed, their problems could well intensify in coming months as consumer confidence declines in the wake of rising unemployment, and business expansion plans are cut back in the face of continuing high interest rates. The relevance of levels of economic activity overseas derives from the fact that over 30 per cent of industry and commerce (and hence one-third of the jobs and the consumer spending power) in the UK is directly dependent on foreigners wanting to buy our goods and services. If their demand is slack, prosperity in a large chunk of the economy suffers.

It all adds up to a recipe for what the

"The decline in living standards is expected to be protracted during 1982."

marketing men (eternal optimists) like to call a "challenging environment", and the economist (less euphemistically) terms "very difficult trading conditions".

Putting some numbers on the general assessment gives us:—

Table 1: Key economic indicators (% change on previous year)

	1980	1981	1982
Total output (volume)	—2.5	—1.7	1.1
Retail prices	17.9	12.0	10.8
Consumer spending (volume)	0.5	—0.5	—0.6
Unemployment (millions)	1.8	2.7	3.1

So far as consumers in particular are concerned, the chart opposite illustrates the end of the phony war. As we can see, until very recently consumers' income was keeping ahead of prices. Indeed, look at 1980. During that year manufacturing output fell more rapidly than at almost any time in recorded history (including the 1930s). And yet consumers' incomes rose more rapidly than prices — in *real* terms

people became better off! That combination simply cannot be sustained, and the inevitable decline in living standards and consumer spending, which began in mid-1981, is expected to be protracted during 1982.

Some notes of deferred optimism can be offered for 1983-84 (towards the end of the forecasting horizon to which the Centre regularly looks). We expect the world recovery to be well in train by then. In addition, despite the courage and resolution being displayed by Mrs Thatcher and her cabinet now (two-and-a-half years away from the general election), "electionitis" is expected to be quite widespread by 1983: amongst the symptoms and treatments will be haemorrhages of income tax cuts and injections of public spending. These will serve to boost economic activity generally, and particularly to give a fillip to consumer spending.

2. Demographic change

While the economic outlook is at best uninspiring, changes are occurring in other components of the marketing environment which, to the imaginative and flexible, could offer great opportunities. Equally, however, to those unwilling to change in the face of the changing nature and circumstances of the people comprising their markets the consequences could be more destructive than the most serious of economic recessions.

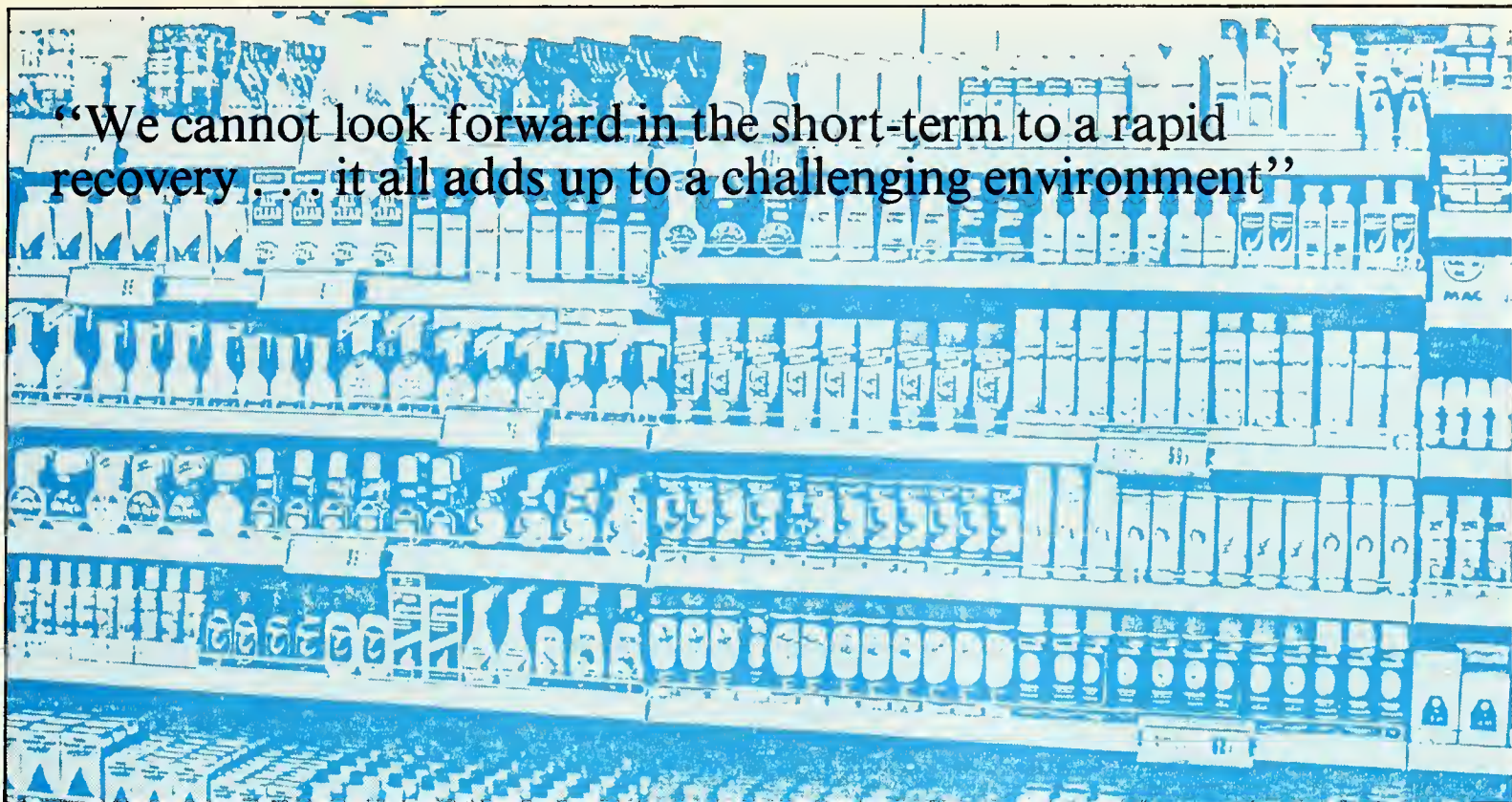
The point is that the stereotypes with which most of us work (with respect to so-called "population demographics") no longer apply. Demographics is the term covering most aspects of the objective circumstances of the population. Past and prospective changes have tremendous impact potential. What is more, demographic change is one of the most predictable components of the future.

And the first aspect to which attention needs to be drawn is the age structure.

Quite simply, we know how many people aged ten and over there are going to be in 1990 because they have already been born and, in the absence of major wars, mortality rates are fairly predictable.

Gauging the number of births is more difficult, but that still leaves a large area of certainty. In particular we know that the decline in births from the mid-sixties

* The Centre is a research institute of charitable status, and provides forecasting services to some 1,400 clients spread across half the countries of the world. It is affiliated to the Management College, Henley, and has been in existence since 1974. The Centre claims to be probably the largest independent forecasting organisation in Europe, and to provide one of the most comprehensive ranges of forecasting services, spanning the economic, social, political and technological fields.



“We cannot look forward in the short-term to a rapid recovery... it all adds up to a challenging environment”

through to the end of the seventies means that the numbers of young adults will decline after about 1985. Similarly, the rise in births from the period after postwar reconstruction until the mid-1960s means a large increase in the number in the household / family-formation group. In fact, taking 1980 and 1990 there will be an increase of nearly 2 million people aged 25-44.

Across-the-board the age structure is changing. The significance is the

Consumers' incomes and prices

distinctive needs, attitudes and spending patterns of groups as they pass through the life cycle. The last major change to emphasise is the increase of half-a-million “old” old people between 1980 and 1990. This is mainly a female group (women tend to live longer than men) and is mainly living alone (women still marry men older than themselves, and the extended family is not a conspicuous part of the social scene).

This is a healthier and wealthier, as

well as being a larger, group than in the past. It is meant with only the slightest frivolity when we say that the eighties could see a viable (commercial); “geriatric market” develop for the first time ever.

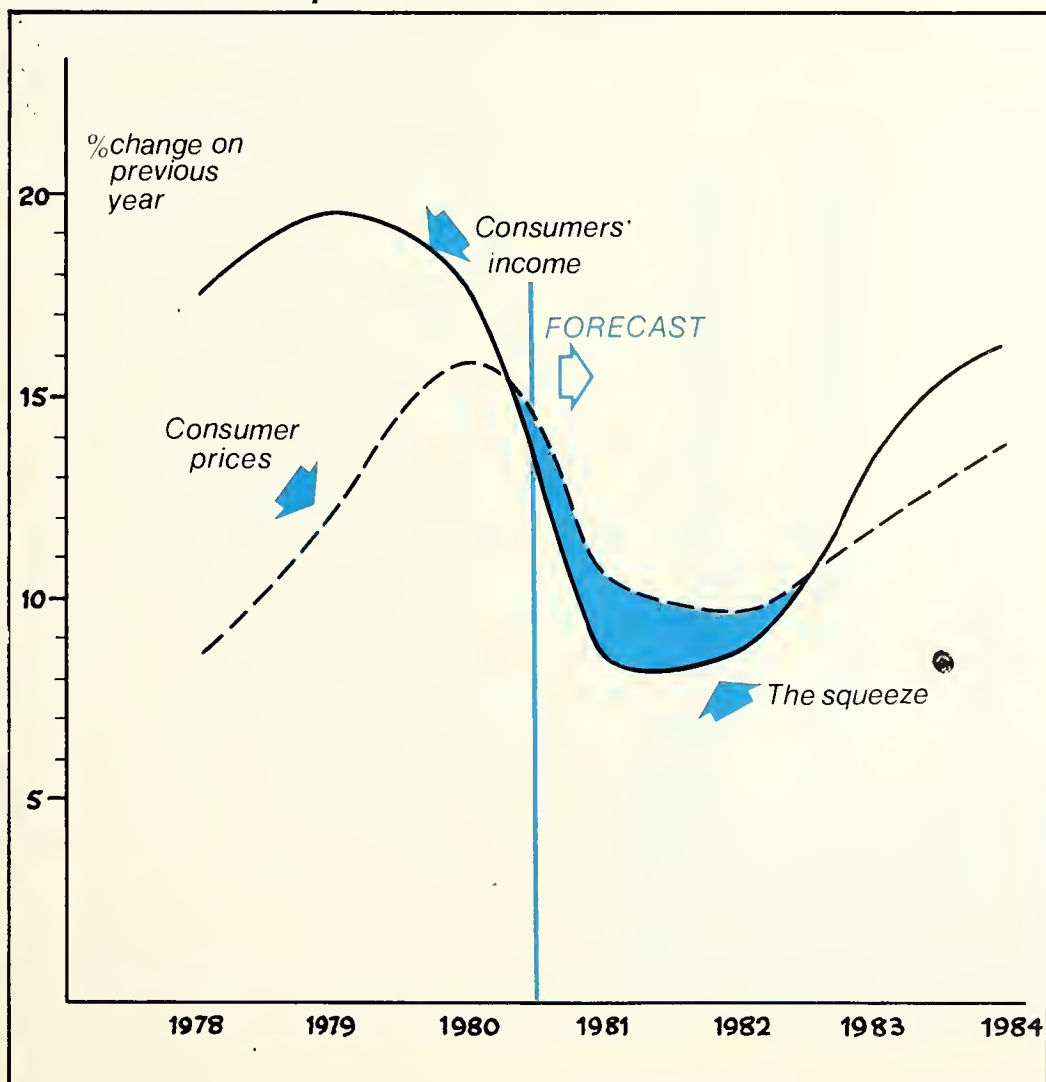
Second, household types are changing. The significance of this is, again, the special needs and attitudes of people in different household circumstances. As a result of social, economic and demographic change the single person household group has grown from 11 per cent of the total of all household types in 1961 to an estimated 24 per cent today! The man and woman with no dependent children represents 27 per cent of all

“The eighties could see the development of a commercially-viable ‘geriatric’ market for the first time ever”

households. Meanwhile, the married couple with two children (the stereotype most of us assume is the norm) is now only 15 per cent of all households.

Among the most important reasons for these changes are the changes in attitude to women and the family. The single most dramatic indicator of change in this respect is the divorce rate. It is now the case that almost one divorce occurs for every two marriages. Fifteen years ago the ratio was one to eleven.

Continued on p 1098



“There are changes occurring which offer opportunities to the imaginative and the flexible . . . but will be destructive to those unwilling to change”

Movement to the country

The third demographic shift is in the geography of the population. It is no exaggeration to say that in recent years there has been an exodus from the inner cities. In fact the chart illustrates that the rural-urban drift stopped as long ago as the late 1930s. In the seventies the migration to the outer suburbs, small towns and countryside accelerated. London lost half-a-million people between 1971 and 1981. Together, all five metropolitan districts lost one-and-a-half-million during the decade.

All the indications are that this trend is continuing, compounding the

implications for retailing and distribution amongst other more general effects.

Finally, the increase in the sophistication, versatility and extent of “household capital” (electronics, central heating and other gadgetry) is creating a new focus on the household as a leisure, and even a work and education, centre. More time is being spent in the home (witness the problems of such out-of-

“The 32-hour, four-day week may be common by the end of the decade”

home activities as spectator sports, cinema and the pub trade). The style of household activities, and patterns generally of leisure activities, are changing too — but that is a subject for the next section.

3. Social trends

Like demographic change, shifts in people’s attitudes and lifestyles represent opportunities to the flexible and threats only to those unwilling to adapt. The eighties will be a period of profound social change.

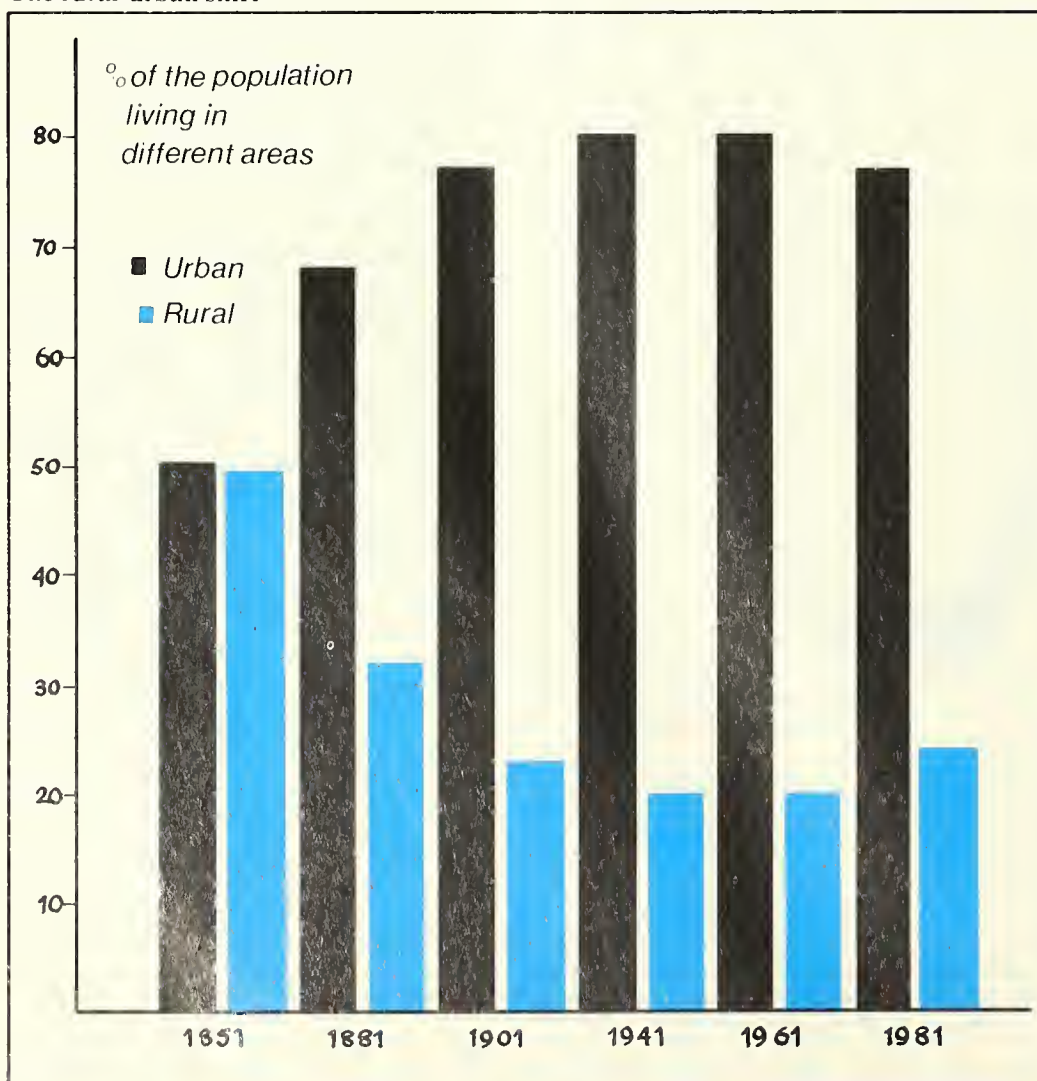
First amongst the components of the changing social scene is something to which we have already alluded: namely, changes in attitudes to women and the family. In fact, the changing place of women in our society probably deserves the vote for *the* social trend of the postwar period. One statistic underlines the magnitude of change: women at work. In the 1950s barely a quarter of married women went out to work. By the 1980s in excess of half worked — and most of those had dependent children.

Women are spending more time working out of the home, their spending power has risen, their attitudes have changed and the nature of the family unit has altered. A description which conjures up the right imagery is the emergence of the “cellular household”. We may be spending more time in our own homes, but we are not spending it together. Husbands and wives are “doing their own thing”.

Because the women will usually be out at work their leisure activities will be more “money-intensive” than “time-intensive”. Children acquire a greater degree of independence earlier than previously. Everything from the duplication of ownership of durables (like TVs, hi-fi’s and radios) and the accommodating nature of technological change (VCRs and microwaves reinforce independent activity in the home) to the spread of central heating (to 57 per cent of households today) is part of the decline of the family as the activity and consumption unit. This is having profound effects, some of which will be traced later.

Second, “leisure” time is on the increase. An element of this is involuntary, in the form of higher unemployment — we return to this in a moment. However, for those in work it is not difficult to construct a longer-term scenario in which, by 1990, the 32-hour

The rural-urban shift



The truth about the suntan market.

You may have read conflicting information about the suntan market. You ought to know the facts from independent research sources. (1981) (AC Nielsen and TCPI).

1. Retail sales of suntan products in the UK are big: **£17** million over five months.

2. Ambre Solaire takes one third of all consumer purchases which means it outsells its nearest competitor by almost **3:1**.

3. Ambre Solaire's end-of-season stock is the lowest in relation to sales. By dividing stock by sales we have the following month's supply:-

AMBRE SOLAIRE	2.4 month's supply
Nivea	2.4 month's supply
Bergasol	3.5 month's supply
Hawaiian Tropic	5.2 month's supply
Coppertone	5.4 month's supply

CONCLUSION: Make the best of your space and your investment by supporting the brand leader. Ask your Ambre Solaire representative for details of the Ambre Solaire Service Scheme to the Chemist before committing yourself for the 1982 season.

Ambre Solaire. The NO RISK – MORE PROFIT brand...
because you only make profit on what you sell.

Effect of the 'black' and 'household' economies

work week is common; it is worked in a four-day week, six weeks is the normal annual holiday entitlement and long-service "sabbaticals" are common in a range of occupations outside academia.

One of the areas into which people will be injecting greater commitments of time (and emotion) is health-enhancing activity. The present preoccupation with health is evidenced in everything from sales of brown bread and muesli to

membership of sports clubs and the participation levels of mass jogs and marathons. There are no signs at all of this interest abating.

Besides enhancing health, it is also likely that our leisure will be used for more "work" — if such a thing is not a contradiction. The point is, in recent years, as the problems of the formal economy have grown more acute we have witnessed the growth of the so-called

black economy (sometimes also known as the Black & Decker economy).

For obvious reasons measuring the black economy is difficult. However, some estimates indicate it could be as large as 7 per cent of the official (measured) economy. If that statistic is correct it implies that spending power today is where most forecasts (of the official economy) say it is going to be not for another five years or more.

Of equal significance is the dynamism of a sector that has been termed the "household" economy. We mentioned earlier the new focus on the home as a work, leisure and education centre. Because of the amount of "productive" capital in the home — from TVs, vacuum cleaners and washing machines to electric drills and food mixers — from which a service flows, there is a great deal occurring in our homes that is serving to sustain or enhance our standard of living, but of which the official economic statistics show no reflection.

"The unemployed form a new large group lacking spending power"


The general significance of the black and the household economies consists in the contribution to living standards, to people's ability to keep on spending and as a prior claim on their "leisure" time. For some sectors of spending there are additional and specific implications.

There have been curious efforts to pretend the social effects of high unemployment are minimal or even benign. However, the existence of high unemployment, concentrated regionally, ethnically and by age group, and with an increasing component of long-term unemployed, cannot be ignored. We have a group, who could number four million by the mid-eighties (more than 15 per cent of all adults), who will lack spending power (there is evidence the black economy is for those with skills and other jobs, so it is not a help to the predominantly skill-less unemployed), who will be bored, frustrated and increasingly alienated.

The problems may not be as conspicuous as the riots of last summer. Nevertheless, the idea of "two nations", the haves and have-nots, could be one that fits Britain increasingly well in the 1980s. As intimated, the dispossessed group will be concentrated disproportionately among ethnic minorities and the young and will be geographically segregated, mainly in the inner city areas of our five great metropolitan districts.

In fact, the regional dimension is perhaps the fourth major component of the social scene to which attention needs to be drawn. Some important changes are occurring in relative regional prosperity. For example, the South-West, the East coast of Scotland and the East Midlands are becoming quietly

Which expectorant should you 'counter prescribe' for a busy mum?



Her shopping list should include

Franolyn Expect.



WinPharm's entirely new formula for chesty coughs

- * Ideal pharmacological profile
- * Rapid action, prolonged relief
- * Does not cause drowsiness



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Henley economic forecast

more prosperous. Meanwhile, the traditionally depressed areas (Wales, the North-East and Northern Ireland) seem likely to continue that way, and to be joined by the previously prosperous West Midlands.

However, the simple North-South divide may be eclipsed in significance in the eighties by another aspect of regional development: namely, the differences in attitude, prosperity and lifestyle that are developing between those in the basically rural (small towns, countryside, outer suburbs) and those in the urban areas.

To complete this review we can end with a general organising perspective. The mechanisms and implications of social change are complex. A useful framework has been provided by the social psychologist, Abraham Maslow. He argued that people's attitudes and needs will evolve in a predictable fashion as they move up the hierarchy of affluence.

The diagram on this page is a slightly modified version of Maslow's original. What it shows is the development of the consumer as his or her basic subsistence needs are satisfied.

First there are safety and comfort concerns; then the "social", or emulation, aspects of consumption arise; then the consumer becomes more individualistic and discriminating; finally, aesthetic considerations arise and thoughts turn beyond consumption as a means, to the ends of social life.

It is worth keeping this in mind for the eighties. It is a low growth, not a no-growth, decade: so society as a whole will continue its ascent. Moreover, it is likely to be a decade of widening income

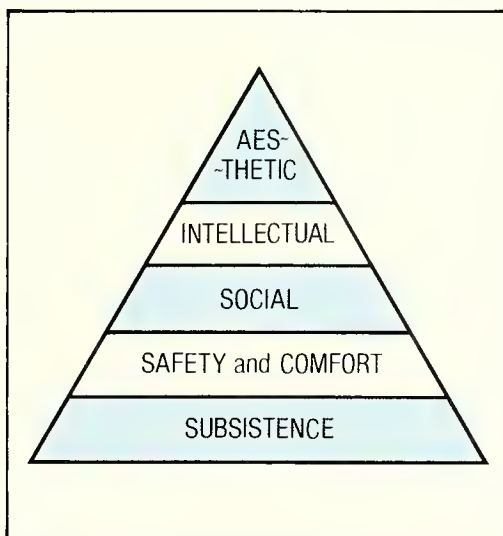
"It is a low growth, not a no growth decade. But there will be a widening of income distribution"

distribution, with the "possessed" continuing to enjoy greater possession. Amidst the generally uninspiring market potential will be groups continuing to enjoy quite rapid increases in income. They will include the higher socio-economic groups, those two-earner households with no or only small families, and generally the rural as against the urban dwellers.

General conclusion

We have ranged widely, and necessarily fairly briefly, and set the general social and economic scene for the eighties. However, it is worth reflecting for a moment to appreciate the importance of the broad-scale perspective. Some of it may seem very distant and elevated and, by that token, peripheral. But, an offensive and effective approach to marketing planning must encompass the whole.

In today's society no man, nor market, is an island unto itself. Those of

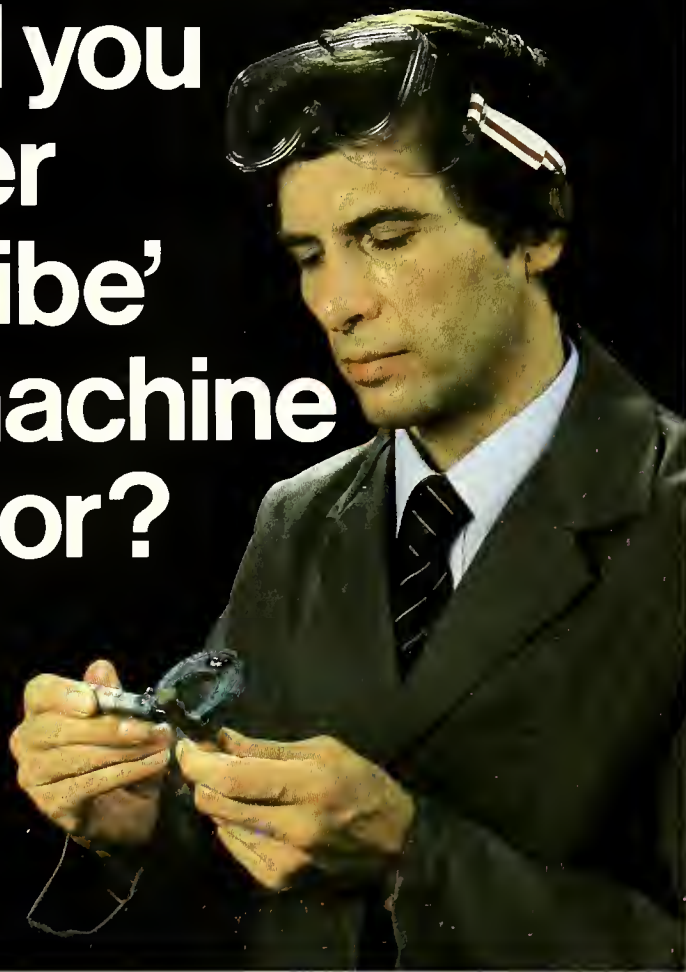


Maslow's hierarchy of human needs

us selling goods have to understand the extent to which we are competing not only with other sellers of goods, but with sellers of services (banks, insurance and building societies) too. A proper appreciation of our prospects must include some appreciation of influences on other sectors. Hopefully, the preceding will have conveyed some flavour of the whole. But now to specifics.

Chemists' prospects review p 1103

Which expectorant should you 'counter prescribe' for a machine operator?



For the precise answer it's

Franolyn Expect.



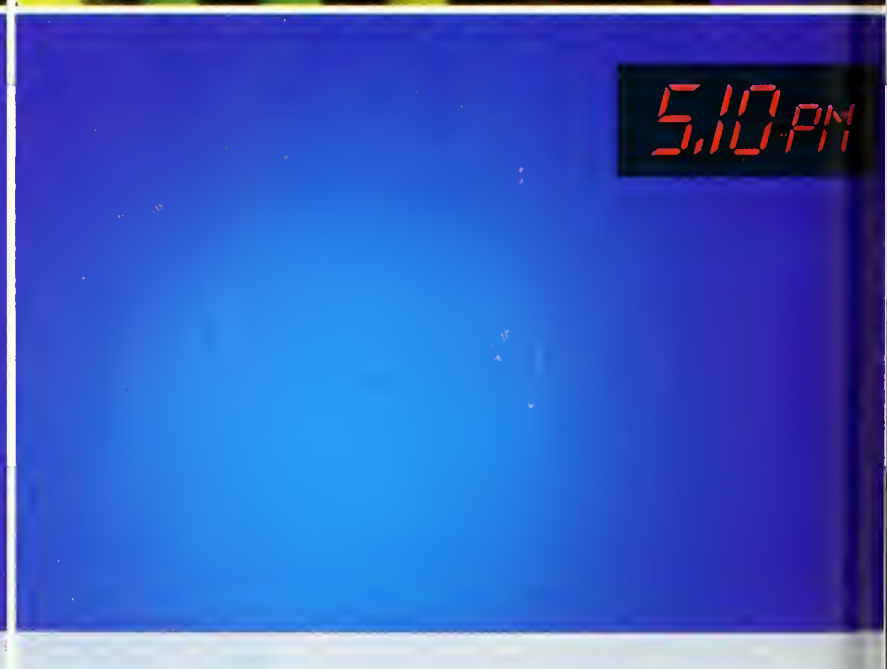
WinPharm's entirely new formula for chesty coughs

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Chemists' goods: a £2bn market

1. The market as a whole

As most official statistics define it, this market includes drugs and other medicaments, cosmetics and toiletries, though diversification has taken many "chemists" into other product groups. For the moment we shall make some observations confined to the narrow definition.

In 1980 the market for chemists' goods was running at over £2 billion, having grown from £500m in 1970 (at current prices). Taking out the inflation element, the volume of spending is displayed in the chart, from which we can see that movements in consumers' real spending power dominate movements in the market. Another influence (not shown) is price. In years when chemists' goods went up in price less than other goods and services (1972-75, for example) the volume of spending held up relatively well — again, compared to the consumer market as a whole.

However, by far the most dominant influence on the sector's fortunes is basic consumer prosperity. As we have argued in an earlier section, we cannot be

optimistic about real spending power over the next year or so — we are therefore unable to be very optimistic about the prosperity of the market for chemists' goods. The medium term outlook to 1984 is illustrated in the table. The best we can offer is notes of deferred optimism.

2. High fliers and divers

The aggregate situation is only half the story — of as much significance are the relative fortunes of goods within the market. We cannot hope to address all the marketing issues, but let us look at some of the main ones.

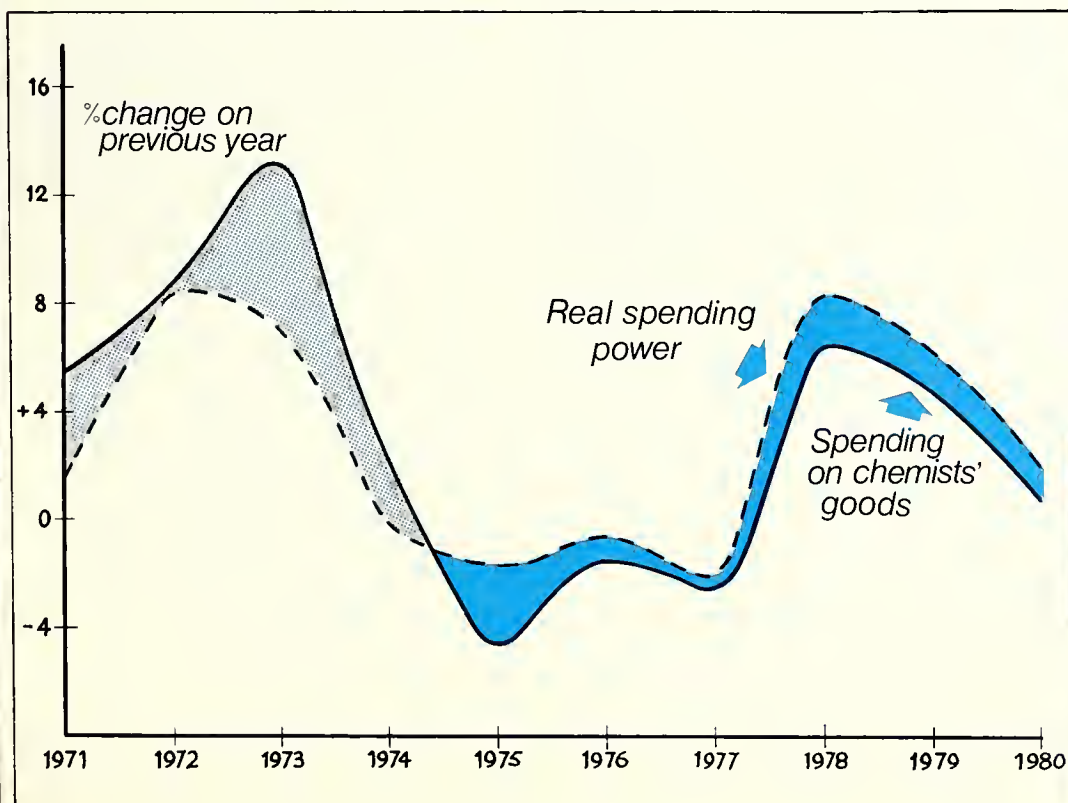
The first and dominant question must be that concerning prescriptions and charges. Between the late 1960s and early '70s the number of prescriptions grew rapidly. A series of increases in prescription charges since then has halted the rise. Indeed there has been decline since 1979 when the large rise in prescription charges occurred. The prospect of further increases in charges could mean that the numbers drop even further between now and the

Continued on p1104

Volume of spending on chemists' goods (% change on previous year)

1979	1980	1981	1982	1983	1984
4.9	0.8	-0.8	-0.5	2.2	2.7

Spending on chemists' goods



IT CHEERS THE CHESTIES



Benylin^{*} Expectorant

pecially formulated for the chesty cough with congestion, and the most effective recommendation you can make.

Established, well-accepted by your customers and an important profit-winner for you. A product that really earns your recommendation.

PARKE-DAVIS

part of the Warner-Lambert Group

good products for you
and your customers.

Active Ingredients: Diphenhydramine Hydrochloride B P
Ammonium Chloride Ph Eur, Sodium Citrate Ph Eur, Menthol B P
Product Licence: 0018/5090
Parke Davis & Co., Pontypool, Gwent NP4 0YH

Further information and data sheet available on request.

^{*}Trade mark R82156

A 'baby boom' now — but the trend may change

mid-1980s. Important influences on types of prescriptions exist, but with, on our assessment, a hefty percentage increase in the basic prescription charge imminent, all other influences must be expected to be eclipsed for a time.

A large proportion of the prescribed-for population is in one or another exemption category. The increase in the numbers of "old" old people, referred to earlier, is a premium factor for certain

categories of prescribed medicines.

Similarly, the present "baby boom" is of significance for certain obvious product lines. The number of births has risen from a low of 655,000 in 1977, to an estimated 750,000 this year, and is likely to remain high for the next year or so. However, it would be unwise to extrapolate this too far into the eighties. A number of social, economic and demographic factors can be identified that

Prescriptions	Number	Value
1968	296m	£165m
1970	296m	£187m
1976	349m	£516m
1977	351m	£596m
1978	366m	£670m
1979	362m	£755m
1980	361m	£900m

will exercise a powerful negative influence on the trends.

Beyond the question of prescriptions and demographic changes is the burgeoning demand for all things "natural" and all things "healthful". The natural, simple and "authentic" products are the ones at a premium, whether they be foods, pharmaceuticals or cosmetics. In the area of traditional chemists' goods there are clear implications. For example, increasing interest in natural cures for all manner of ailments implies greater demand for homoeopathic medicines. Other "natural" aids, such as bio-feedback systems, could also be lines in tune with the times.

So far as cosmetics are concerned, some recent reports have noted the troubles of the market — its generally stagnant outlook and the particular recent problems of non-fashion cosmetics and toiletries. We would broadly concur with this view. However an exception is likely to be the growth potential of male "cosmetics" — equality of the sexes is not only altering women's attitudes and activities: males are becoming more vain. In addition it is difficult to resist the temptation to back what we judge to be an obvious winner: during the eighties the mouthwash is likely to become to tooth-paste, what conditioner has become to shampoo.

Technological change could affect many facets of the chemist's operations — not least, eventually, the product lines. The technology that holds centre stage at

"Increasing leisure means more spending on hobbies and pastimes"

the moment is "information technology", featuring the ubiquitous microchip. During the eighties we will hear progressively more about bio-technology, in particular bio-medicine. Techniques are being refined to engineer changes in genes. Cheaper and purer strains of clinical pharmaceuticals will be developed as a result — at present breakthroughs have been accomplished or are imminent on genetically-engineered human insulin, growth and brain hormones and interferon. Advances are also occurring in a longer-established bio-science — enzyme technology. This has implications for drugs as well as for a wider range of foods and other household goods.

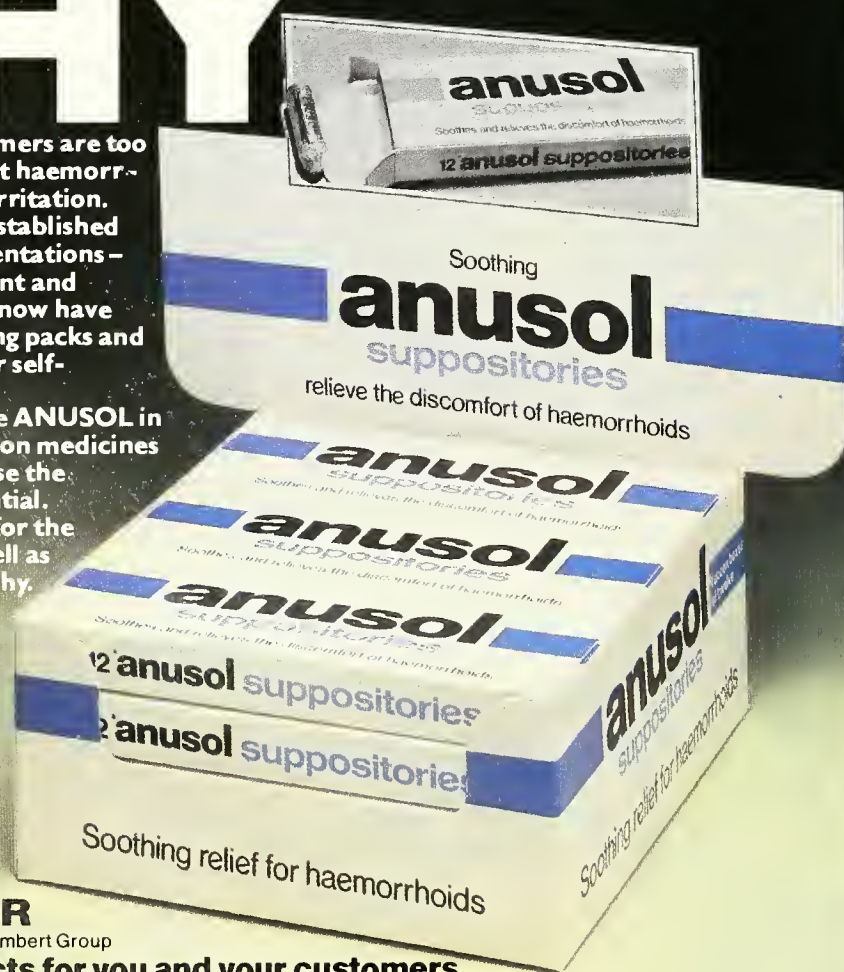
FOR THE PAINFUL SHY

Some customers are too shy to talk about haemorrhoids and anal irritation.

The three established ANUSOL presentations — Cream, Ointment and Suppositories — now have new eye-catching packs and are available for self-selection.

Merchandise ANUSOL in your self-selection medicines area to maximise the product's potential.

Good news for the Pharmacy, as well as for the painful shy.



WARNER

part of the Warner-Lambert Group

good products for you and your customers

Active ingredients: Cream: Bismuth oxide, Balsam Peru BPC 1973, Zinc oxide Ph Eur, Ointment: Bismuth subgallate BP, Bismuth oxide, Balsam Peru BPC 1973, Zinc oxide Ph Eur, Suppositories: Bismuth subgallate BP, Bismuth oxide, Balsam Peru BPC 1973, Zinc oxide Ph Eur, William R. Warner & Co. Ltd., Usk Road, Pontypool, Gwent NP4 0YH. Further information and data sheet available on request.

*Trade mark. R81106

The growth in leisure in relation to product lines needs to be considered by the chemist. Increasing leisure time means more time for gardening and other hobbies and pastimes. These are both areas where the chemist has established a market position. Spending on gardening products is estimated at £815 million this year. Although next year is expected to be slack, 1983-84 could see healthy growth (in the economic as well as the gardening sense), and well above the average for consumer spending.

The same is true of hobbies and pastimes — a market worth £1.303 billion this year, and anticipated to grow to £1.420 billion (at 1981 prices) by 1984. Pets and toys and games are markets we expect to be sustained at viable levels, though with less growth potential than the others.

A brief market review has, of necessity, to be somewhat selective. We hope we have shed some light on the concerns of most readers and indicated some marketing opportunities.

Trade structure

1. Retailing in general

One of the most striking trends in retailing today is the extent to which it is becoming polarised: at one extreme there is an increasing number of superstores, catering for "one-stop" shopping; while at the other the convenience of local, small shops with socially-suitable opening times has led to an increase in their numbers also. Neither of these developments augurs well for the traditional High Street retailer, who is faced with the prospect of a stagnant sales volume as custom is drawn away from him.

Developments in the use of technology may well become a contributory factor in this trend, as multiple stores acquire new information technology enabling them to attain better stock / sales ratios, better sales data, and to provide more efficient and accurate customer services.

On the whole, it is very important that High Street retailers and others like them take note of present and likely future market developments; and begin now to make the adjustments required to ensure profitability in the future. Large multiples and small corner shops also need to remain aware of market trends, so as not to be undermined by unperceived developments.

2. Chemists

In recent years there has been a decline in the number of chemists' outlets. However, the sharp annual falls of the early 1970s have levelled out and in the current year there has so far been a rising trend. The aggregate figures do not tell us anything about *which* shops have been closing, but in general there has been a decline in the numbers of all but the

largest multiple retailers, who have been experiencing growth.

As a result, over 51 per cent of goods sold through chemists' outlets today are purchased in multiples (10 or more retailers), and there has been a 5 per cent increase in the number of shops owned by large chemist multiples (50 shops or more) since 1978. The table below illustrates the trend quite clearly — and we expect it to continue.

Particular trends

A fairly recent development which will take away trade from many independent chemists is superstores opening their own pharmacies. This obviously means that people no longer have to call in to collect prescriptions and so on, buying other goods while there. The convenience of the superstore pharmacy may well rank high in the consumer's view.

Many supermarkets sell cosmetics and toiletries, often at rather lower prices than those offered by chemists, and some have even launched "own label" cosmetics, for example, Sainsbury and Safeway. The convenience of these developments to the consumer should not be under-estimated, and it is highly probable that they will hit sales of these items through the traditional chemist.

In the face of such increasing pressures — not to mention drug stores and dispensing doctors — chemists are, understandably, often at a loss to know what to do. How can they maintain or even regain profitability? One possible course is to specialise in areas in which they are already strong, for example baby care and expensive cosmetics. This

Concluded on p1107

Distribution of sales of chemists' goods between different retailers

	Single outlet retailers	Small multiple retailers 2-9 outlets	Large multiple retailers 10-99 outlets	100 or more outlets
1976	34.2	16.2	12.1	37.5
1979	32.2	15.5	11.3	41.0

IT TACKLES THE TICKLIES



Benylin* Fortified Linctus

specialy formulated for the dry, tickly cough. The proven antitussive Benadryl* (diphenhydramine hydrochloride) is fortified by another proven cough suppressant, dextromethorphan hydrobromide. It's one of the most effective treatments for dry irritating coughs, and a rewarding recommendation for the pharmacy as well.

PARKE-DAVIS

part of the Warner-Lambert Group

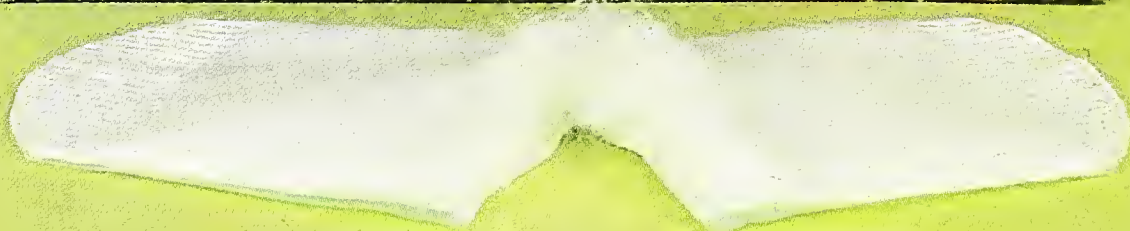
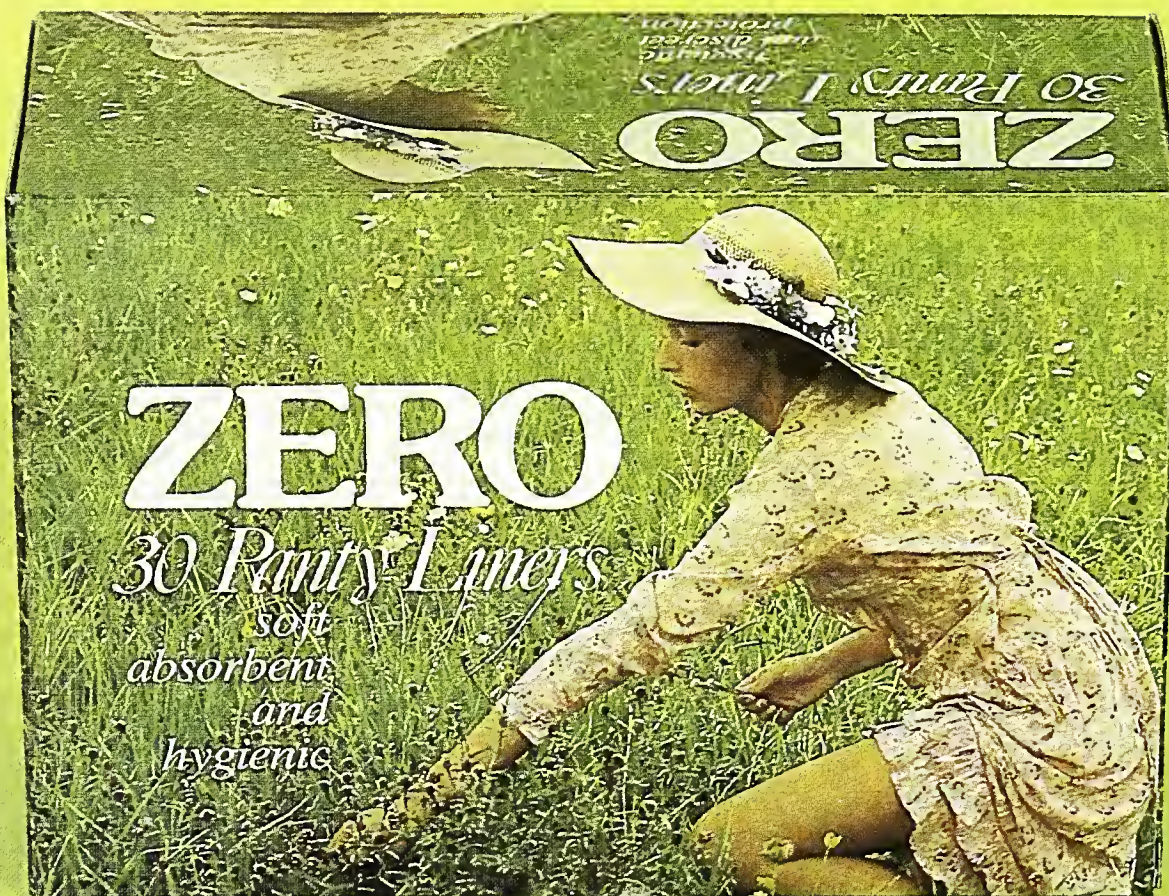
good products for you
and your customers.

Active Ingredients: Diphenhydramine Hydrochloride B.P.
Dextromethorphan Hydrobromide B.P. Sodium Citrate Ph Eur,
Menthol B.P. **Product Licence:** 0018/0111
Parke Davis & Co., Pontypool, Gwent NP4 0YH

Further information and data sheet available on request.

*Trade mark R82156

ZERO PANTY LINERS



Another New Quality Product From
Undercover Products (International) Limited

Zero Panty Liners are softer, fuller, and
probably the best on the market.

A quality sanitary product, Zero Panty Liners
offer attractive margins for the retailer.

For FREE SAMPLE please contact:—

Mr Brian Woolcott, UNDERCOVER PRODUCTS (INTERNATIONAL) LTD
1c Walm Lane, London NW2 5SJ. Tel: 01-451 3151

NAME.....

ADDRESS.....

..... TEL. NO.

PLEASE ASK YOUR REPRESENTATIVE TO CALL ☐

ZERO THROWAWAY PANTEES, ZERO CLEANSING PADS, ZERO POCKET TISSUES, ZERO PANTY LINERS,
HYGI-HANKIES, HYGI 'INCONTI' PANTS, HYGI HATS, HYGI NAPPY LINERS, HYGI HOSPITAL PRODUCTS, HYGICARE.

'Specialise, serve and recommend!'

can increase customer flow (because there is a good reason for calling on the chemist), and naturally result in a growth in sales. Another area advantage over supermarkets is personal service and recommendation. Staff training programmes should take account of this, for well-planned exploitation of this area might help to recapture trade lost to competitors.

Despite the competition, Boots (which accounts for over half of chemists' trade) continues to do well. Their "success" may be attributed partly to image — they are most popular among the young, in social classes A and B, and in the South, and have developed accordingly. This is not to say that Boots cater for none but their

most frequent customers, for they are the most popular chemists in all age-groups and social classes. Boots have diversified more than most, and on the whole this has proved profitable for them, but the same would not necessarily be true for smaller retailers: growth areas are fiercely competitive and entry does not guarantee profitability by any means.

In conclusion, the best option for the traditional High Street chemist is likely to be specialisation in areas of strength, including personal service and recommendation. We cannot provide magic solutions to problems. The key is the creative marriage of the trader's intimate knowledge of his own local market with a broader appreciation of strategic trends and events. Hopefully this article will have represented a contribution to that process of combination. ■

Pharmacist on the dole

by Allon J. Wilson MPS

A progress from errand boy to scholar, apprentice, pharmacy student, pharmacist and unemployment. And finally to adventures in far-away places.

In 1925 children could start work at 14 years of age. A new row of shops — the corner one to be a "chemist's" — was being built that Spring at Barton, Blackpool. A 13 year old decided an errand boy would be wanted, asked for and got the job and started on his 14th birthday. The pay was ten shillings a week for working two hours each evening and all day Saturday. (Eventually, Blackpool Education Committee found out about this, there was a mild row and hours were reduced to one each evening and three on Saturdays).

A most enjoyable feature of the job was going round to other pharmacies for urgent prescription items which were out of stock. This meant trips by tram, toast-racks and dreadnoughts included, carrying little notes reading "Please supply . . ." and bearing a rubber stamp and pharmacist's signature. Richardson's was the most professional pharmacy and Huddarts at South Shore was very good indeed.

Mother kept us two boys in "rooms" on what had been her dress allowance before her marriage which was ruined by an excess of ethyl alcohol. Enough was now earned for clothes, pocket money and to stay on at Palatine Central School until 16 years of age. The headmaster put 12 of us in for School Certificate, eight matriculated with five credits, including the writer.

At 16 you had to leave central schools. Further education was then only open through "night schools". Work had to be found. But, in Blackpool, in those days,

boarding houses were almost the only industry. Banks and solicitors' offices were about all else that could be offered. For someone of an adventurous nature, disgusted by the idea of a pen-pushing life, what could be done?

Prospects in pharmacy were good. Times were stable. A manager got £5 a week, could live quite well on £2 and manage on £1.50 if he was saving up for his own business. A wholesaler would supply stock on credit in return for three years as sole-supplier. The pharmacist had to find and rent premises preferably in a growing neighbourhood. So one could become one's own boss by about 25 years of age. Attractive!

Apprentice

J.F. Blackhurst, a kindly, dour giant of a pharmacist, thus came to take on an indentured apprentice at one of his shops on Blackpool's famous promenade. Pay was to be five shillings (25p) a week the first year, ten the second and fifteen the third. When he paid £1 for that year, delight knew no bounds. The first morning, set to cleaning shop rounds with a wash-leather, though curiosity — smelling the contents of each — produced the first pharmaceutical headache. Tinct Myrrh, Ext Bellad Sic, Tinct Valer Ammon etc, in letters of gilt, looked very impressive.

All the tricks played on an apprentice worked. Placing a penny on the forehead and then tipping the head forward to drop

Continued on page 1110

IT COMFORTS THE KIDDIES



Benylin^{*} Paediatric

specially formulated to treat coughs in children up to 12 years, with a pleasant and very acceptable raspberry flavour.

Most parents know how well Benylin Paediatric does its job, and when you recommend it you'll be giving them a good night's rest as well as the child.

PARKE-DAVIS

part of the Warner-Lambert Group

good products for you and your customers.

Active Ingredients: Diphenhydramine Hydrochloride B.P. Sodium Citrate Ph.Eur, Menthol B.P. Product Licence: 0018/0067 Parke-Davis & Co., Pontypool, Gwent NP4 0YH

Further information and data sheet available on request.

*Trade mark R82156

Smile. It's on

For the first time, 'Kodak' Paper is being advertised on television.

The first commercials will appear around Christmas, and they'll be telling the public what most of you already know.

That Kodak helps the finisher help you get better prints for your customers.

That prints on 'Kodak' Paper are of consistently better quality.

That your customers can be confident of the quality of their prints on 'Kodak' Paper.

Besides advertising at Christmas, we'll naturally be screening commercials in the summer to help you take advantage of the big holiday snaps business.

We shall also be in the national press, where we can tell millions of readers the reasons why prints on 'Kodak' Paper are of consistently good quality.

And we'll be informing them of the technical help and



advice that nobody provides in the way that Kodak does.

Take advantage of this campaign by using display material that says "Smile. It's on 'Kodak' paper." This will help customers identify your shop as the place for quality prints.

television.



Smile. It's on 'Kodak' paper.



Our new showcard.

And, remember, we're
coming up to the time of year
when Christmas snaps are
inverted into print business.
As the action takes place
in the "box," make sure the

cash flows into your shop.

Your customers won't miss
the commercials.

Make sure you don't miss
out on the business.

Ask your finisher for prints
on 'Kodak' Paper.

Talk to him about his
support package for the
Kodak campaign.

Smile. It's on 'Kodak' paper.

YOU WOULD LIKE THE NAME AND ADDRESS OF YOUR NEAREST FINISHER USING 'KODAK' PAPER,
PLEASE WRITE TO: DOUG DOOLAN, FINISHER SALES (A6F), KODAK LIMITED, P.O. BOX 66, HEMEL HEMPSTEAD, HERTS. HP1 1JU.



Kodak is a trade mark

Apprenticeship mastered

Continued from p1107

the coin into a large funnel stuck down the inside of the top of ones' trousers seemed simple enough. But a pint of ice cold water or something much more nasty was shot down that funnel before the coin was in place. In turn, one soon learned to send new errand boys round to the lifeboat house for some red, white and blue striped paint — the sort used on the lifeboat.

Goods came in from wholesalers once a week in basketwork hampers from Liverpool, from John Thompson's and Ayrton Saunders alternatively. Everything was packed in straw inside the hampers. Bottles, too, came in straw. All bottles had to be rinsed before use. And wet

straw clings inside. And hour after hour had to be spent in the cellar, filling each under a cold water tap, shaking out the water again, inspecting every one, to be sure no straw remained and returning them to boxes upside down to drain — all by the light of a 40 watt bulb several yards away.

In winter, the bottle washing went on week after week. We used to pack our own proprietaries such as sunburn lotion, as well as Tinct Iodi, Castor oil, etc. "Drys" too, Sodii Bic, Epsom and Glauber's salts went into skillets and we packed a most effective plaster for "drawing" poisoned fingers, boils etc. (It was simply Emplastrum Adhesivum spread at double thickness).

If a prescription came in, the patient was asked to come back in quarter of an hour and the apprentice called to dispense it under the supervision of the eagle-eyed pharmacist. Usually it was a mixture,

supplied in a six or eight ounce bottle graduated in tablespoonfuls, finally wrapped in "white demi" and sealed with red sealing wax melted by a tiny gas flame which burned constantly. The folding of the white paper had to be done absolutely immaculately.

Each Easter all changed dramatically overnight. Customers poured in endlessly for toothbrushes, aspirins, Beechams pills (in buff coloured paperscrews — four for one penny), Andrews liver salts and films, films and films. Then, five weeks with business dead until Whitsuntide and the summer months when all worked like madmen, except on Sundays.

We opened at 9am and closed at 7pm. Part of my duty as apprentice then was to put on my raincoat and go over to the off-licence to buy two bottles of beer brought back concealed under the garment. We then stripped to the waist and started developing and printing films. As many as 250 would be developed, washed, fixed, washed and hung up to dry before going home.

The next morning when the apprentice opened the shop the manager and assistant went off for breakfast having begun at 7am making prints from the films. They could expose, develop, fix, wash and dry up to 2,000 snapshots. Then these had to be sorted, put into wallets and priced between serving at the counter. Films brought in one day were ready by 11am the next day.

In the winter there were very few customers. The apprentice was taught to make Ung Iodi Denegrescens in the back yard and survive choking to death. Also, how to put down cats with chloroform and rectal prussic acid, helpfully being instructed to chuck the corpses over the vicar's garden wall.

The great Yardil scandal occurred at this time, and a tremendous campaign against Aspro took place. When aspirin was castigated for harming the heart Aspro was launched as a preparation that would not harm the heart — on the basis that it was only impurities in aspirin that caused the trouble. Pharmacists put up stickers on their windows: "Aspro is acetylsalicylic acid. Acetylsalicylic acid is aspirin".

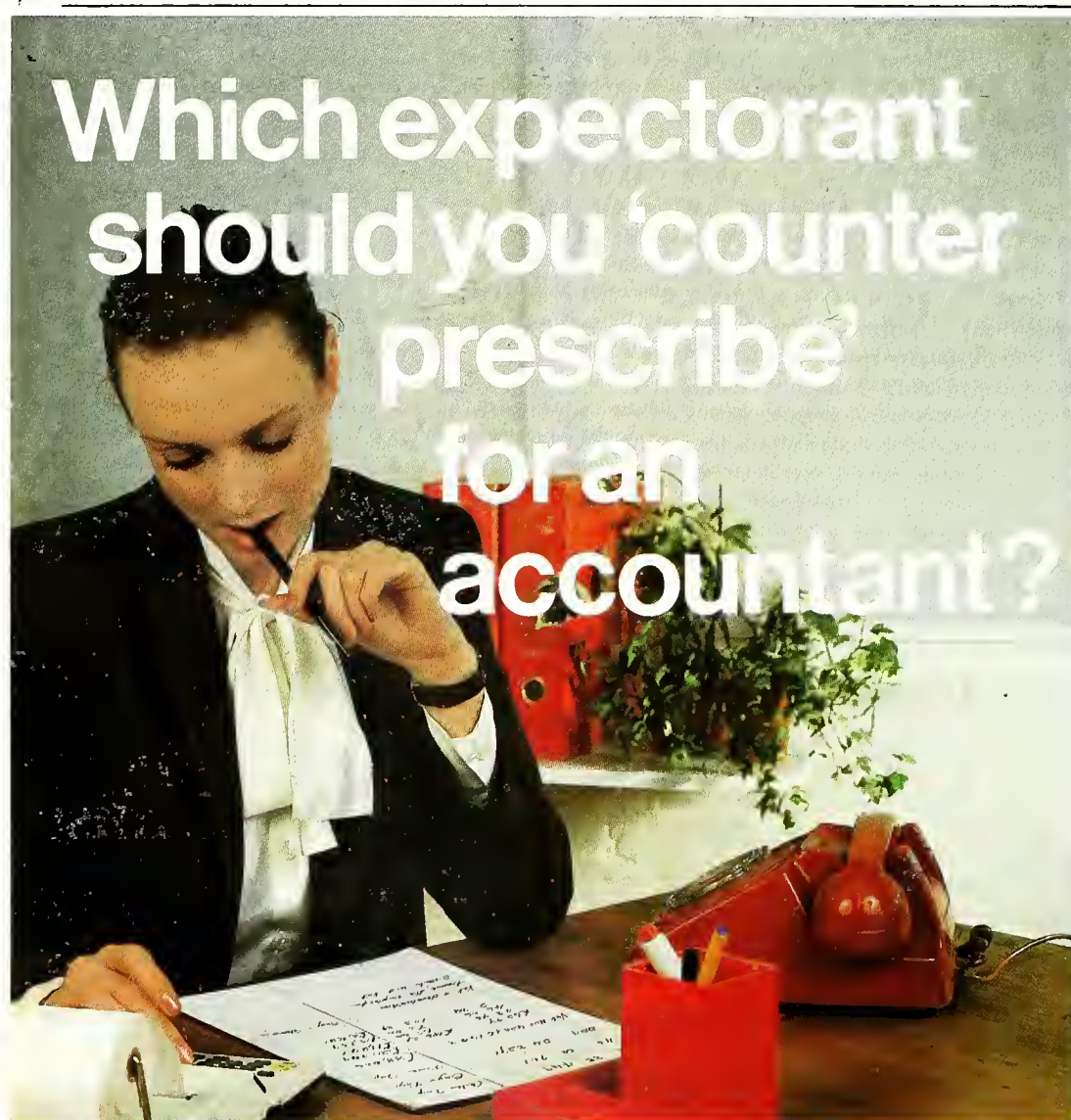
Pharmacists were outraged, too, by the scandalous price of Aspro. Compared with that of aspirin tablets it was "profiteering" indeed.

Education

There were, of course, studies to be done. No science subjects having been taken at school, chemistry, physics and botany had to be started at evening classes.

Progress the first year was satisfactory but no student had ever passed "part one" from classes at Blackpool. In the second year it was essential to go to the Harris Institute in Preston. As an apprentice time off was allowed for study after 5pm.

The only way to get to Preston and



Which expectorant should you 'counter prescribe' for an accountant?

It all adds up to

Franolyn Expect.

WinPharm's entirely new formula for chesty coughs

- * Ideal pharmacological profile
- * Rapid action, prolonged relief
- * Does not cause drowsiness



Working with pharmacy for a healthier future



Each 5ml of Franolyn Expect contains Theophylline BP (Anhydrous) 60mg, Guaiphenesin BPC 25mg, Ephedrine BP 4.75mg. "Franolyn" is a registered trade mark. Full information is available from WinPharm, Sterling-Winthrop House, Surbiton-upon-Thames, Surrey, KT6 4PH

back on an apprentice's money was by push-bike. It was 18 miles each way through rain, frost, fog or snow. The wind across the Fylde was fierce and usually southwesterly providing a blithe journey out, sometimes the more so through catching a tow by hanging on to the back of a lorry with one hand and steering with the other. Arriving at Preston very cold and sometimes soaked it was sheer bliss to store the bikes and dry off in the coke fumes and tropical heat of the boiler house. But the return journeys were generally a grimly formidable grind into the teeth of the wind. Fog was worst. Occasionally, hitting a kerb, one went over the handlebars. Buses were too costly and trains even more expensive.

Study on a shoestring

When the Society instituted Student Associateship we immediately enrolled. An appeal to the Society regarding classes was made in the hope that if the Blackpool classes were declared useless we could claim bus fares from the Education Committee. It did not work. The Society sent inspectors whose report caused the Education Committee to spend a lot of money upgrading facilities in Blackpool. But we could not take chances. We knew we could pass the "Preliminary Scientific" from Preston and did. Increasing earnings permitted the use of buses when the worst weather occurred. The Society's examinations were conducted only in London and Edinburgh. Wanting to see something of the world it was decided to take "part one" in Edinburgh and "part two" at Bloomsbury Square.

The Jacob Bell and another scholarship were available and both entered for, but even the questions taught us that at Blackpool we had hardly touched the basics of professional pharmacy. We even felt guilty of effrontery in taking the examinations at all. We had to assume nom-de-plumes. Access to the *Pharmaceutical Journal* was by grace and favour. "Per ardua ad astra" — using the old school motto — never found out, nor needed to know, whether he had passed or not.

Eventually, after a year as an "improver" at two pounds per week following apprenticeship one had to go to Liverpool or Manchester to study for "part two". This meant becoming a brown bagger — an inferior type of student at the University who commuted from home with books (and food) in brown attache cases. £100 had been saved from the meagre earnings. The rail season ticket cost £42, the University course £42, the examination fee was about £8 and the rail fare and stay in Edinburgh took the rest. This provided just the one and only chance of qualifying, otherwise being stuck for life as an unqualified assistant seemed inevitable.

Manchester was chosen and at the University we were taught well. But we

did have to make pills and silver coat or gild them and at least one impatient student found this a fatuous waste of time.

We were still, in 1932, to be examined on the 1914 BP since the new edition was not yet official. The 1932 BP was an onerous expense, could only be bought new, and showed the trend by including pituitary extract and international units.

Yet we had one student who could make pituitary extract — for his own satisfaction and despite the Therapeutic Substances Act — in his cellar at home. At "coll" he spent most of his time in the union and enjoyed cards and the social life of the university without attending many lectures. But as soon as we got in the train to go home — out came the books and he would study like a beaver by night. We had to get certificates signed to say we had done so many classes. When

he approached the "prof", the latter said: "I've never seen you at my lectures and you want me to sign this? Well, you cannot expect to get through if you do not attend my lectures" and signed the paper. This colleague passed the major exam first time he tried. The only one of us to do so. He soon acquired his own business and later a lucrative one. Capable of any distinction, he chose a quiet life and the pursuit of the "long sticks and small-balls" as he put it. Like many other fine pharmacists, he went for what we now call "quality of life" and left the rat racing to others. ■

The final section of Allon Wilson's reminiscences will appear shortly and cover both his success in qualifying as a pharmacist and the difficulty he found getting work as one.

Which expectorant should you 'counter prescribe' for a lorry driver?



Give the thumbs up to

Franolyn Expect.



WinPharm's entirely new formula for chesty coughs

- * Ideal pharmacological profile
- * Rapid action, prolonged relief
- * Does not cause drowsiness

 **WinPharm**

Working with pharmacy for a healthier future

Each 5ml of Franolyn Expect contains Theophylline BP (Anhydrous) 60mg, Guaiphenesin BPC 25mg, Ephedrine BP 4.75mg. "Franolyn" is a registered trade mark. Full information is available from WinPharm, Sterling-Winthrop House, Surbiton-upon-Thames, Surrey, KT6 4PH

Solid growth for Vichy and three 'Silver' duo from Schwarzkopf

Three new products are in the Vichy pipeline for 1982 and the company is predicting a bright future for both themselves and British pharmacy.

1981 has been a year of solid growth they say, with both major products in the Vichy range — the cleansing milks and Equalia — increasing their volume brand shares. And Vichy are determined to achieve "still higher growth" across the whole range in the coming year.

Two factors they believe will help them succeed; the skincare training which they provide and the "enthusiastic" backing of their customers in selling a chemist-only range.

However some pharmacies, they say, "are in danger of stocking too many low-profit, self-service lines that are also available in other outlets — and in doing so are denying profitable space to product areas which are susceptible to professional advice and personal selling."

The chemist's answer, say Vichy, should not be price but service. "All of Vichy's training, promotion and advertising is designed (a) to make consumers aware of what the chemist has

to offer in this respect, and (b) to ensure that the chemist and his staff are equipped to 'deliver the goods'."

Research credits Vichy with a good spread of users in all socio-economic classes and, they say, "particularly encouraging for the future is the high proportion of Vichy users in the younger age brackets: 69 per cent in the 18-35 year old group, they say, "is the highest for any skincare brand."

For 1982 Vichy products will continue to be available through chemist-only wholesalers and the minimum carriage-paid order level will remain at 54 units despite introductions.

To extend the role of training seminars Vichy have recruited a second pharmacist (details to be announced shortly) and will be introducing a news-sheet, *Vichy World*, for chemist assistants. To be published two or three times a year, it will be designed to continue the interest created at the training seminars and will contain articles aimed at developing the assistant's knowledge of skincare. *Vichy (UK) Ltd, Ashville Trading Estate, Abingdon, Oxon OX14 1TJ.* ■

Schwarzkopf have introduced two products — a shampoo and setting lotion specially developed to neutralise yellowing on grey hair.

Most grey-haired people experience yellowing, either from the dirt in the atmosphere or from smoking, and Reflect Silver shampoo can help combat this effect, says Schwarzkopf. It can be used alone, or partnered with Reflect Silver setting lotion to neutralise yellowing and leave the hair in good condition, with a silvery sheen.

Both the shampoo (£0.77) and setting lotion (£0.88) are temporary colourants containing violet tones which have a masking effect on yellowing. If both



products are used, the setting lotion reinforces the colouration introduced by the shampoo — but either product can effectively be used on its own. Schwarzkopf recommend that on every third wash a conventional shampoo is used, to ensure against colour build up. *Schwarzkopf Ltd, Penn Lane, Californian Trading Estate, Aylesbury, Bucks.* ■

Holdall bonus with camera orders

Every Kodak instant camera ordered and delivered between now and Christmas will come with a free camera holdall for the customer. Dealers ordering 15 or more cameras will also receive an extra discount of five per cent on the EK160 camera and outfit and on the EK260-EF camera.

There is an eight per cent discount on the EK160-EF model — all discounts apply until Christmas. *Kodak Ltd, Kodak House, Station Road, Hemel Hempstead, Herts.* ■

LRC step up cough syrups budget

LRC Products have doubled their original advertising budget for their cough syrups to nearly £600,000 this winter.

Monitoring of previous television campaigns has shown that advertising support for Galloways quickly boosts consumer demand, says LRC and, they will now be backing the brand with £120,000 of television advertising in London.

An extra £150,000 will be spent on a

national television campaign for Buttercup syrup, bringing the total spend on this brand to £350,000. Buttercup medicated sweets will be supported in Yorkshire and Tyne Tees television regions with a £75,000 campaign. Television advertising for all LRC's brands will run from December to February. *LRC Products, North Circular Road, Chingford, London E4 8QA.* ■



Carter-Wallace are launching a more "modern" approach in the advertising of Discover-2 with a full page colour ad which, they say, concentrates on the social and emotional advantages of the product coupled with Discover-2's reliability and accuracy. The campaign will appear in all major women's magazines covering the 16-35 age group. Discover-2 is claimed to hold a 45 per cent share of the at-home pregnancy test market in the UK. *Carter-Wallace Ltd, Folkestone, Kent*

...and now the **GOOD NEWS!**

3 new ways to make money

- nationwide!

New Beechams Powders Mentholated, specially for head colds. New Adult Formula Veno's for 4-hour cough control. Test marketed* last winter, with big advertising backing, both scored significant successes.

Now both are going national - together with Beecham's third new moneymaker, Mac Blackcurrant, the throat lozenge that will scoop the market with its brilliant, tangy flavour.

Heavily supported on TV, backed by Britain's leading home medicine manufacturer and bearing a known and trusted brand name, each will prove a certain seller, a certain way for you to make money.

Get your stocks in now. Big ones. Remember, the more you display, the more you sell, the more you make.



*Beecham Powders Mentholated in Wales, the West & Midlands; Adult Formula Veno's in Scotland.

BEECHAM HOME MEDICINES
Good news for sales

COUNTERPOINTS

Low birthweight infant feed

Wyeth are introducing a special formula Gold Cap SMA for use in feeding infants with a low birthweight.

The feed is available in 100ml vacuum-sealed ready-to-feed bottles and is intended for infants weighing less than 2500g at birth, for use in special baby care units. The formula is based on electro-dialyzed whey and skimmed milk with the butterfat of milk replaced by a fat blend

which is more readily digested by infants while retaining a fatty acid composition similar to that of human milk. Casein:lactalbumin ratio is modified to 40:60 and the mineral content has been adjusted.

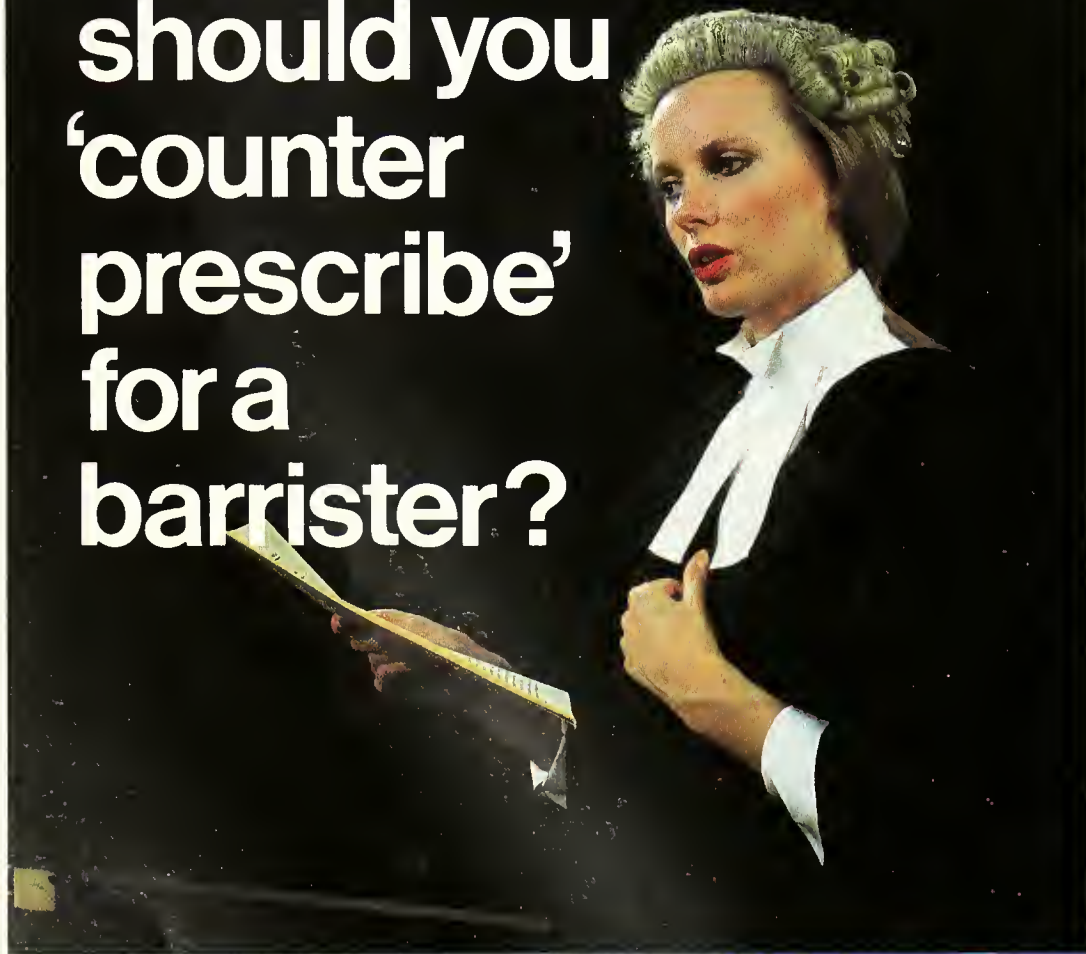
In comparison with the present Gold Cap SMA formula for term infants, the new formula has increased protein concentration, partial substitution of maltodextrins for lactose, an increase in calcium, an increase in sodium with compensatory increase in potassium and chloride to maintain the appropriate balance of these electrolytes, a slight increase in copper and an increase in the

concentration of vitamin E and folic acid. The fat blend includes 10 per cent medium chain triglycerides.

Optimal feeding of low birthweight infants should produce a prompt resumption of growth at a rate similar to before birth, Wyeth say, but without imposing undue stress on the immature digestive, metabolic and excretory functions. The concentration of nutrients in human milk may be inadequate to meet this need for growth at the foetal rate.

The low birthweight formula is for use in hospitals only. Shelf life is eight months and the bottles are identical to those used in the rest of the Wyeth ready-to-feed system so can be used with their teats and adaptors. Details of price and supply arrangements from *Wyeth Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berks.* ■

Which expectorant should you 'counter prescribe' for a barrister?



We submit it should be

Franolyn Expect.

WinPharm's entirely new formula for chesty coughs

- * Ideal pharmacological profile
- * Rapid action, prolonged relief
- * Does not cause drowsiness



Working with pharmacy for a healthier future

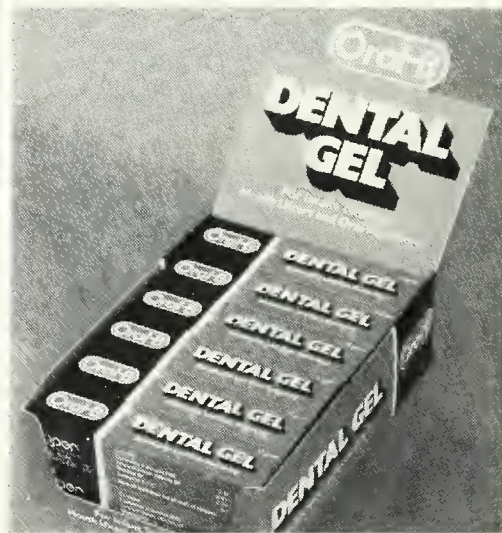
Each 5ml of Franolyn Expect contains Theophylline BP (Anhydrous) 60mg, Guaiphenesin BPC 25mg, Ephedrine BP 4.75mg. "Franolyn" is a registered trade mark. Full information is available from WinPharm, Sterling-Winthrop House, Surbiton-upon-Thames, Surrey, KT6 4PH

Dietary supplement for women

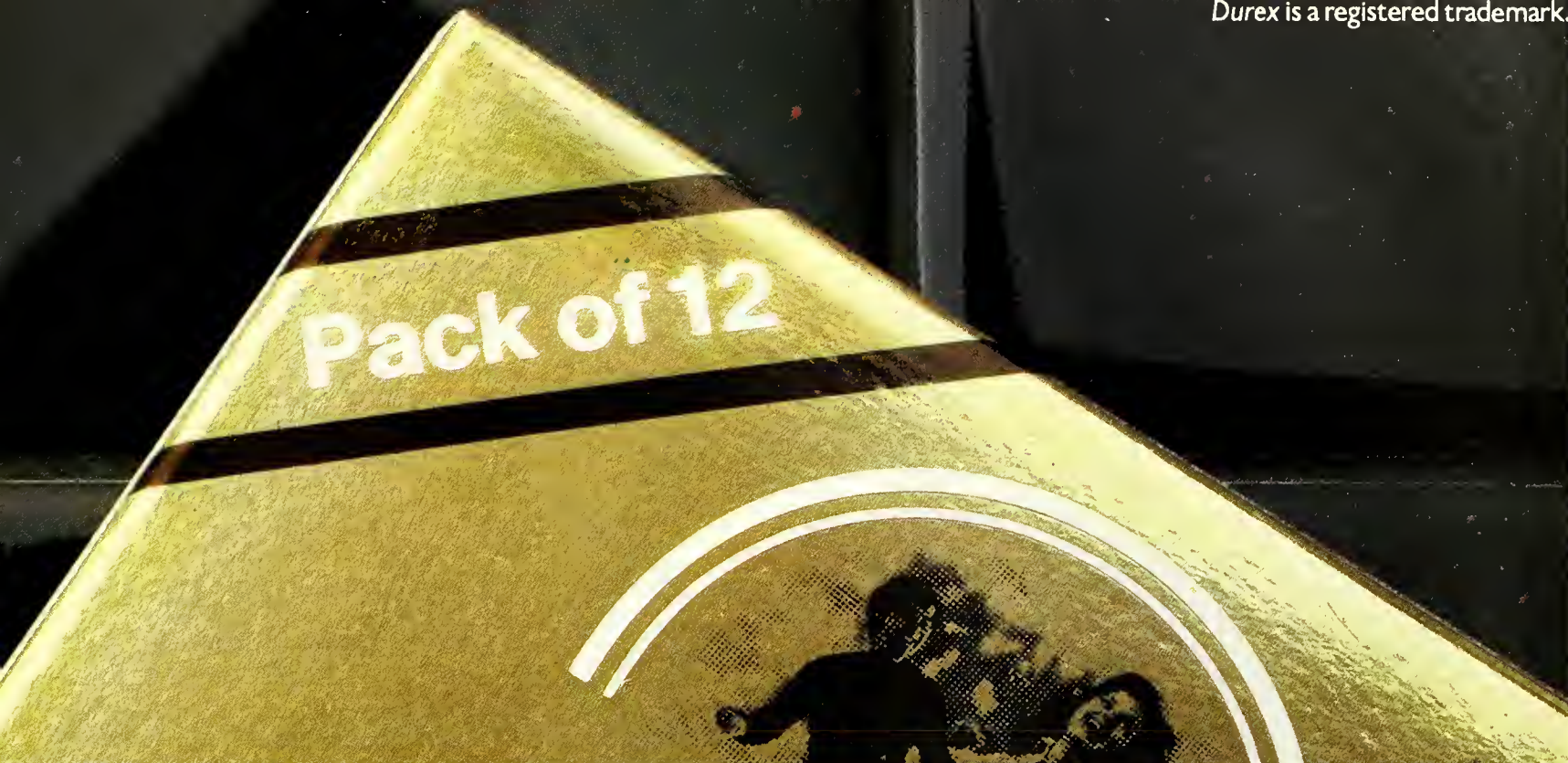
The Food Supplement Company has introduced a diet supplement formulated with women in mind. Ladies Only contains high potencies of, amongst others, natural vitamin E, vitamin B6, ginseng and royal jelly, "all of which have a particular value to women of all ages."

The capsules come in feminine, easy-purchase, display dispensers which contain 10 handbag sized packs. Each pack contains 20 capsules (£1.85). There is a launch bonus of £0.72 per case off, showing a 37 per cent profit on return.

The Food Supplement Company will be spending £250,000 advertising in 1982. *Seymour House, 79 High Street, Godalming, Surrey GU7 1AW.* ■



Oral-B dental gel has been re-packaged and is now available in a counter display carton. Cooper Health Products Ltd, Gatehouse Road, Aylesbury, Bucks



Safety in numbers.

Stock 12 packs of Durex Fetherlite Extra Fine and NuForm Extra Safe and you'll not only be offering more safety to your customers. You'll feel safe about your sales figures too.

That's because two thirds of the volume of these brands comes from the increasingly more popular 12-pack size.

Are you getting your share? Or is someone else getting it at your expense?

So stock up with 12-packs. And get dozens more sales.



COUNTERPOINTS

Baby feeders and room humidifiers

The top-selling American strained baby food feeder is now available in this country.

Infra-feeder is recommended for feeding cooked strained cereals, fruits and vegetables to babies who are not ready to use a spoon. It consists of a clear barrel into which the food is placed, with a teat and perforated disc to provide constant

flow at one end and a closure plus vacuum disc at the other. The vacuum disc is drawn towards the teat end by suction to prevent air from entering the barrel.

Two sizes are available — 2oz capacity for giving the first meals and 4oz for babies with larger appetites. The feeders sell at £3.49 and £4.99 respectively and the cost to retailers is £24.25 and £34.68 per dozen.

The same company also imports Kaz electric vaporisers which provide a controlled warm steam vapour flow to increase the humidity in dry centrally heated or air conditioned rooms. There

are three sizes; 5-7 hours operation (£16), 8-10 hours (£20) and 12-15 hours (£25). Trade prices are £9.28 and £11.60 for the first two smaller models, when purchased in dozens, and £14.50 for the largest when purchased in sixes. *Beaufort Medical Care Equipment, 22 The Green, Stoke Gifford, Bristol BS12 6PD.* ■

Larger Chrome Six processing kit

A four litre version of the Chrome Six processing kit for E6 compatible colour slide film has been introduced by Photo Technology Ltd.

The one litre kit will continue to be available, but ever since its introduction two years ago the company says there has been a demand for a larger version. The new kit (around £31) will, for example, process up to 40, 36 exposure 35mm films. *Photo Technology Ltd, Cranbourne Industrial Estate, Potters Bar, Herts EN6 3JN.* ■

Mr Dentist on TV

The Mr Dentist oral hygiene appliance is to be advertised on television in the Granada region until Christmas. The appliance is a battery operated tooth and gum massager with interchangeable heads and includes a flash light dental mirror. *Ronco UK Ltd, 111 Mortlake Road, Kew, Richmond, Surrey.* ■



Mr David Judson, of David Judson MPS (Chemist), Pelsall receiving his cheque from Mr Alan Busby, Prince Matchabelli's local territory sales manager. Mr Judson won a weekend for two at the Lygon Arms Hotel in the Cotswolds as winner in the Aviance "Great lovers of our times" competition

Which expectorant should you 'counter prescribe' for a school child?



It's top marks for

Franolyn Expect.



WinPharm's entirely new formula for chesty coughs

- * Ideal pharmacological profile
- * Rapid action, prolonged relief
- * Does not cause drowsiness



Working with pharmacy for a healthier future

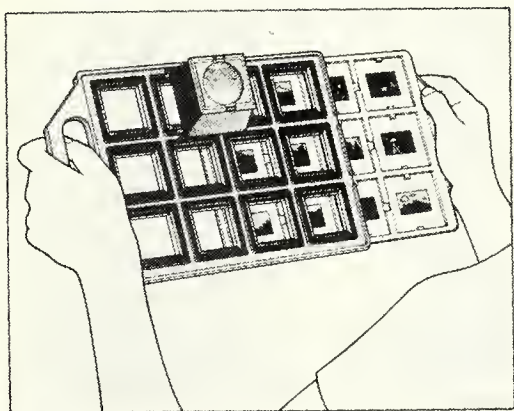
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COUNTERPOINTS

A new view on transparencies

Slide & See (£5.95) is a complete storage and viewing system for 35mm transparencies in one, aimed at the consumer accessory market. A unique concept in transparency viewing, it offers ease of reference and selection while also enabling people to view transparencies to maximum advantage, say the manufacturers.

Instead of a viewer through which



slides are moved one by one, 12 transparencies are stored in a translucent

slide tray which slots into a viewing frame over which a moveable 5x magnifying unit can be transversed in any one direction. No batteries are required as the complete unit is designed to eliminate all ambient light from the viewer's eye, thereby maximising image transmission.

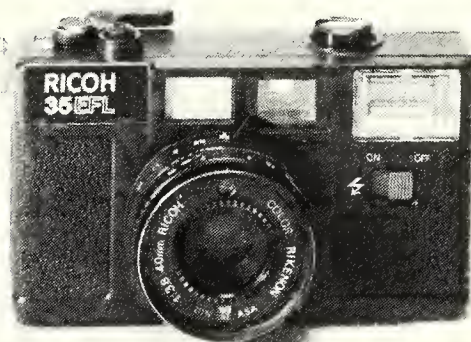
Each unit is supplied with a single slide tray, and additional trays are available in packs of three (£1.50). A ring-binder/album (£3.95) in which to store the trays is also available. A colour brochure and a rigid 3-sided display stand are available for POS. *Slide & See Ltd, 356 Kennington Road, London SE11 4LD.* ■

New flash compact from Ricoh

A built-in electronic flashgun which will fire up to 250 flashes from a set of two penlight batteries is one of the features of the latest Ricoh compact camera, the 35 EFL (around £38.95). Recycling in around 8 seconds, the flash delivers a guide number of 12m/39ft with 100 ASA film, a "ready to fire" neon signalling when the flash is set for the next shot.

For out-door photography an in-the-

lens CDS cell is linked to semi-automatic exposure control for film speeds of 100/400 ASA (12/27 DIN). By pressing the exposure check button and rotating



the F-stop ring until the green view-finder LED lights up, the correct exposure is set. The shutter is programed for 1/125th of a second, the aperture giving full control for f3.8 to f16.

The f3.8/40mm Rikenon lens is scaled in both metres and feet and will focus down to 0.9m/3ft. A bright-frame viewfinder displays parallax correction guide for close-ups.

The camera (5.2 x 3 x 2.4 inches, 11.4 oz) includes a tripod socket and is covered by a 2 year guarantee. *Japanese Cameras Ltd, Hempstalls Lane, Newcastle, Staffs.* ■

Oraldene

A worthwhile recommendation for her~and for you

As oral hygiene becomes more important, so does your recommendation for Oraldene. Containing 0.1% hexetidine, an effective anti-bacterial agent against mouth and throat infections, it's a worthwhile recommendation for her~and for you. An established, well-accepted and profitable brand.

WARNER

part of the Warner-Lambert Group

good products for you and your customers

Active Ingredient: Hexetidine.
William R. Warner & Co. Ltd.
Usk Road, Pontypool, Gwent NP4 0YH
Further information and data sheet available on request.



Oraldene
for oral hygiene

*Trade mark R81057

Veganin

TOOTHACHE RELIEVED

also

HEADACHE BACKACHE INFLUENZA PERIOD PAINS

The leading pharmacy only analgesic
and a worthwhile recommendation
for you and your customers.

Headache · Toothache · Backache · Influenza · Period Pains

Veganin*

Pain Relief Tablets

WARNER

Part of the Warner-Lambert Group

good products for you and your customers

Presentation:

White tablets containing
Paracetamol Ph. Eur. 250.00 mg Aspirin Ph.
Eur. 250.00 mg Codeine Phosphate Ph. Eur.
6.80 mg

Uses:

VEGANIN provides analgesic and antipyretic
properties. It is indicated in influenza and

other conditions which require an antipyretic
and for all kind of mild to moderate pain,
especially headache, dysmenorrhoea,
rheumatism and toothache.

Dosage:

Adults: one or two tablets to be swallowed
every 3 to 4 hours up to a maximum of
8 tablets in 24 hours.

Children: (6-12 years): 1 to 1 tablet to be
swallowed every 4 hours up to a maximum of
4 tablets in 24 hours.

Children under 6 years: not recommended.

Contra-indications:

Hypersensitivity to any of the components.
Not to be used by patients suffering from
active peptic ulceration and haemophilia.

Warnings:

Not recommended to be used in pregnancy.
The stated doses should not be exceeded.

Package Quantities:

Cartons containing 10, 20 and 50 tablets in
opaque blisters. Price to pharmacy as at 12.80
of £ 23, £ 385, £ 8225 respectively.

Product Licence Holder: William R. Warner & Co. Ltd., Usk Road, Pontypool, Gwent NP4 0YH. Product Licence Number: 0019/5041-R

Full technical information and data sheets available upon request

*Trade mark R81055

Hair accessories for all markets

Ravina are to launch a range of hair accessories which will include hair pins, grips and clips, a wide range of rollers, perm curlers plus a selection of brushes and combs under the Dukes label. The accessories will be sold under the Celeste label using the same packaging featuring the tousle haired girl. The pins, grips and clips will be contained in "resealable tidy bags". Free standing spinner units and modular wall units are available for merchandising from February 1.

Ravina have also acquired the French

company, Guinet Frères, manufacturers of hair care decorations and accessories, for the high fashion market. Suggested retail prices are from £1.50 upwards. Individual pieces are available for the retailer.

With this addition Ravina say they now cover the breadth of the market from the inexpensive items in the Avantis range through to the medium priced Celeste range and into the more expensive market.

The range, marketed under the name "Les Creations — Guinet Frères," features hand made designs with a French flavour and includes broderie anglaise butterfly pins. *Ravina Ltd, 3 Barton Road, Water Eaton Industrial Estate, Bletchley, Milton Keynes.* ■

Trimster Stretchies and tabard gift set

Trimster have introduced Stretchies baby pants which may be worn alone or over disposable nappies, when their elasticated fibres give a close fit and eliminate "sagginess." Made in Denmark, they are



available in packets of two in red with white stripes, blue with white stripes or white with a red band round the waist (£1.39).

In addition to the gift box range is the tabard, mop cap and knickers set for girls aged three to five years (£4.99). They are made in white broderie anglaise or denim style, gingham and many floral patterns. The tabard is also available by itself (£1.79). *Trimster Co Ltd, Portland Road, Dorking, Surrey RH4 1EW.* ■

Sionon on the box

The first television commercial for diabetic foods is now being broadcast. Bayer's Sionon range is currently being supported with a campaign in the ATV area where a three-week series of

10-second commercials is being tested as a prelude to a proposed national campaign in 1982.

The company have free cardboard hampers which can be used for display purposes or made up to suit individual customers requirements. A limited number are available from company representatives or from *Bayer UK Ltd, Burrell Road, Haywards Heath, West Sussex RH16 1TP.* ■

Sheath leaflet

The Brook Advisory Centre Education and Publications Unit has produced two new birth control leaflets. The first, "What you need to know about the sheath," explains how it works and how to use it, and is written to be understood by those of average ability and by those with reading difficulties.

To go with this is a second leaflet, "What you need to know about spermicides," with annotated line drawings and full instructions for those who choose to use spermicides with the sheath. The leaflets cost 3p each and are available from *Brook Advisory Centres Education and Publications Unit, 10 Albert Street, Birmingham B4 7UD. Tel: 021-643 1554.* ■

Wilkinson support

Wilkinson are starting off the New Year with a further burst of television advertising in support of their shaving products. Commencing January 4 for four weeks they will be spending £500,000 on 40 second and 20 second commercials nationally, using "the forest" surrealistic film, and are aiming to obtain brand leadership in 1982, they say. *Wilkinson Sword Ltd, Sword House, High Wycombe, Bucks HP13 6EJ.* ■

Crimping irons go electric

The Pro Air crimper (£9.95) is the latest hairstyling tool to be distributed by Hair Flayre Ltd. The crimper operates by pressing two heated irons onto the hair and releasing after a few seconds. There are two temperature settings — high for normal hair, and low for more delicate or tinted hair. The appliance complies with British safety standards and carries a one year guarantee. *Hair Flayre Ltd, 18 Carlisle Road, London NW9.* ■

Benadon supplies

Roche wish to assure pharmacists that sufficient supplies of Benadon tablets are available. Anyone with difficulty in obtaining supplies should telephone Roche on Welwyn Garden 28128 and ask for "Benadon assistance". ■

ON TV NEXT WEEK

Ln	London	WW	Wales & West	We	Westward
M	Midlands	So	South	B	Border
Lc	Lancs	NE	North-east	G	Grampian
Y	Yorkshire	A	Anglia	E	Eireann
Sc	Scotland	U	Ulster	CI	Channel Is

Anadin:	All areas
Askit powders:	Sc, G
Bic razors:	Ln, Lc, Y, NE, We
Beecham Powders Mentholated:	All areas
Brut 33:	All except A, G, E
Charlie:	Ln
Clairol appliances:	Ln, M, Sc, U, Lc, WW
Complan:	Ln, Y, Sc, WW, So, NE, We, G
Cream Silk:	All areas
Denim aftershave:	All areas
Duracell:	All areas
Head & Shoulders:	M, NE, H
Jontue:	Ln, So
Keystone 308:	Y, NE
Kodak Ektra 400 & 600:	All except E
Ladyshave:	All areas
L'Aimant:	All areas
Mac lozenges:	All areas
Mr Dentist:	Lc
Mucron:	Ln, M, Lc, Y, Sc, NE
Night Nurse:	All areas
Noir aftershave:	Ln, M, A
Oil of Ulay:	M, Y, Sc, WW, A, U, We, B
Pharmacin:	All areas
Philishave:	All areas
Sanatogen multivitamins:	All areas
Setlers:	All areas
Sionon:	M
Sure for Men:	M, Lc, Y, WW, So, NE, We
Vicks Sinex:	All except E, CI
Venos adult formula:	All areas

Philips survey and sports sponsorship

When compared to other electric shavers Philishave has the strongest brand image for reliability, value for money, technical achievement and giving a close shave without irritating the skin, according to a recent report.

The report was commissioned by Philips Small Appliances who asked an independent market research company to look into the factors that motivate consumers to buy men's electric shavers. A panel of men and women were interviewed. The results pin-pointed three main factors which motivated the purchase — the necessity to replace an old or broken shaver, the desire to meet the requirements of a good shave, and the influence of advertising.

Brand knowledge and brand image were found to be the most influencing factors in the final choice of a shaver. 47 per cent in the survey bought the brand they had initially considered but this figure was

much higher — about 60 per cent — for people buying Philishave.

Ways in which the retailer could influence men's electric shaver sales were found to be: by stocking a good range of shavers, by training sales staff to have a better knowledge of the products, and by organising window and POS displays.

By utilising these methods, the survey indicated that the retailer could capitalise on the large number of men actively trying to shift from wet to dry shaving. Fifty per cent of those questioned had obviously been wet shavers.

A five-year sponsorship programme has been undertaken by Philips to promote a new award scheme known as the Philishave Gymnastic Awards for Men and Boys.

The awards will have eight badges, running from a primary badge for beginners through to Olympic standard. The British Amateur Gymnastics Association will be distributing 25,000 booklets and charts to schools, clubs and sports centres in the course of the week. *Philips Small Appliances, Drury Lane, Hastings, Sussex TN34 1XN.* ■

Holiday closures

Approved Prescripion Services Ltd: from 5pm on Wednesday, December 23 until 9am Monday, January 4.

Arthur H. Cox & Co Ltd: from Wednesday, December 23 to Tuesday, December 29 and from Thursday, December 31 to Monday, January 4.

Armour Pharmaceutical Co Ltd: from 12 noon Thursday, December 24 until 9am Monday, January 4. A skeleton staff will be on duty to handle urgent orders from 9am Tuesday, December 29.

Biorex Laboratories Ltd: from 2pm on Thursday, December 24 until 9am on Monday, January 4.

Carnegie Medical and Riker Laboratories: from 5pm Wednesday, December 23 until 9am on Monday, January 4. Emergency supplies of any Carnegie or Riker product can be obtained by telephoning Loughborough (0509) 68181.

Dendron Ltd: from Tuesday, December 22 until Monday, January 4.

English Grains Ltd: for the period Thursday, December 24 until Friday, January 1 inclusive. No deliveries will be accepted after Friday, December 18.

Farmitalia Carlo Erba Ltd: from Thursday, December 24 re-opening Wednesday, December 30.

Hoechst UK Ltd: from the evening of Friday, December 18, re-opening Monday, January 4. Emergency supplies can be obtained by telephoning (01-570 7712).

Thomas Kerfoot and Co Ltd: from

Tuesday, December 22 re-opening Monday, January 4. Orders received after 12 noon on Friday, December 18 cannot be despatched until after January 4.

Kirby-Warrick Pharmaceuticals Ltd: from December 24 until January 4. The distributors, Boehringer Ingelheim Ltd will accept emergency orders in the period December 28-31.

Paines & Byrne Ltd: from 5pm Tuesday, December 22 until Monday, January 4. A skeleton staff will deal with urgent post and telephone orders from 9am-12 noon on December 29, 30 and 31.

William Ransom & Son Ltd: from 5pm on Thursday, December 24 until 8.30am Monday, January 4.

Roche Products Ltd: from 1pm on Thursday, December 24 until 9am on Monday, January 4.

Sterling-Winthrop Group Ltd: from 4pm on Thursday, December 24 until 9am on Monday, January 4. An Ansaphone service (01-399 5252) will operate for emergency medical supplies. Orders must be in by December 14 for delivery by December 24.

Thornton & Ross Ltd: from 12 noon on Thursday, December 24 until 8am Monday, January 4. Normal delivery schedules will be followed during the week commencing December 14 and for the first three days in the Christmas week. Orders processed on these three days will be delivered during the week commencing January 4.

Upjohn Ltd: from 12.30pm on Thursday, December 24 until 8.30am on Monday, January 4.

Hormofemin cream reformulated

Medo Chemicals have reformulated and repackaged Hormofemin cream. The dienoeestrol content has been reduced from 0.16 to 0.025 per cent, in line with current medical thinking, with a recommended usual dosage of 2 to 4g cream daily. The product comes as a 40g tube (£2.05 trade) with a 4g applicator which screws on to the end.

Product indications are still pruritus vulvae, senile and atrophic vaginitis but the data sheet has been expanded and updated. *Medo Chemicals Ltd, 144 Fortress Road, London NW5 2JL.* ■

Mucorex

William R. Warner are introducing a syrup containing carbocisteine 250mg in 5ml for use in respiratory tract disorders where the amount or viscosity of mucus is prominently increased.

Adult dosage is initially three 5ml spoonfuls three times a day — this can be reduced when the condition improves. The dosage for children is less and it is not recommended for children under two (further details will be given next week). Mucorex comes in 250ml bottles (£4.11 trade) and is a prescription only medicine. *William R. Warner & Co Ltd, Usk Road, Pontypool, Gwent NP4 0YH.* ■

Phyllocontin 1000s

From December 14, Phyllocontin Continus tablets will be available in a pack of 1000 (£51.95 trade) in addition to the existing sizes. *Napp Laboratories Ltd, Cambridge Science Park, Milton Road, Cambridge CB4 4BH.* ■

Gyne-T 'life'

The Ortho Gyne-T product licence has been amended extending the *in utero* life to three years. *Ortho Pharmaceuticals Ltd, PO Box 79, Saunderton, High Wycombe, Bucks HP14 4HJ.* ■

Butazolidin packs

The 50-pack of Butazolidin ampoules has been discontinued and only the 5-pack is now available. *Geigy Pharmaceuticals, Wimbleshurst Road, Horsham, West Sussex.* ■

Remuneration link to cash limits sought by Vaughan

The Pharmaceutical Services Negotiating Committee have reacted strongly to a letter from the Minister for Health in which he seeks to link NHS remuneration for 1982 to the public sector cash limits.

In reply PSNC point out to Dr Gerard Vaughan that: "The Minister is imposing public sector limits to the detriment of chemist contractors who are clearly in the private sector and not receiving any public sector benefits — index linked pensions, a shorter working week, longer holiday entitlements and so on."

Dr Vaughan had reminded PSNC in his letter that a meeting with Mr Patrick Jenkin, Secretary for Social Services, warned that: "While labour costs for 1981 had been updated by the use of the conventional index, for 1982 the pharmaceutical services could not expect to be treated in a different way to the rest of the NHS and the public sector as a whole."

The letter reminded PSNC that the Chancellor of the Exchequer, in his budget statement, announced that for the first time prospective expenditure would be conducted in cash terms. And on September 15, the Government had announced that a factor of 4 per cent would be used for public sector pay increases from due settlement dates in the coming year.

"... It is the Department's intention to update employed labour costs for 1982 by no more than 4 per cent over the 1981 figures. This 4 per cent figure will apply also to the 1982 notional salary for working proprietors.

"I am sure you realise that restricting pay increases to a level that the country can afford offers the best prospect of reducing inflation to a manageable level. I would urge your negotiators to take this into account in the forthcoming negotiations on pay for 1982 for employed labour.

"I will be writing to you later about the updating of non-labour costs for 1981."

PSNC reply: "The DHSS has not given any undertaking that the 4 per cent limit will be applied to the pay of doctors and dentists and has stated that it will not be applied to the pharmaceutical industry although drug costs account for 80 per cent of the cost of pharmaceutical services.

"The Treasury statement issued on September 15 said that "the pay factor does not imply that all public service pay

increases will or should be 4 per cent. Some may be less and some may be more. There is no automatic entitlement to any particular pay increase: each must be justified on its merits." The Minister stated in his letter that an increase of no more than 4 per cent will be reimbursed."

PSNC say this denies them the opportunity of presenting a case for a higher increase and removes any flexibility from the negotiations.

Discount inquiry

The Committee considered the Net Ingredient Cost (Discount) Inquiry which will commence shortly.

Letters will be sent to 500 pharmacy contractors selected to be representative of all sections of pharmacy, requesting their co-operation and participation in the Inquiry.

Participating contractors will be asked to complete forms stating the manufacturers and wholesalers from whom they received drugs, appliances and dressings and oxygen, whether discounted or not, during the months of November 1980 and March 1981 and relevant accounting information will be sought in respect of purchases made in those months.

Contractors will also be asked to complete a form of authorisation which will enable the Inquiry Unit to approach manufacturers/wholesalers for any details of their accounts.

Tenterden case gets further PSNC support

Mr Pay has indicated that he will definitely continue with the action against the Secretary for Social Services to obtain an injunction to prevent him from paying £8,900 to the doctors as an ex gratia payment. The Committee agreed to support Mr Pay financially in his continuance with this part of the case.

□ *Additions to Drug Tariff 1982.*

Following products are included in Part VI, Appliances and Dressings. Slinky bandages (Cuxson Gerrard Ltd) and N.A. dressings (Johnson & Johnson Ltd).

□ *June 1982 meetings of PSNC* will take place on June 15 and 16 (not 8, 9).

□ *Advisory Council on Misuse of Drugs:* The secretary, Mr Stephen Axon, was nominated to serve on the council.

□ *British Oxygen Ltd:* The secretary reported that, in consequence of continuing complaints about the "full for empty" policy of the company, he had again been pressing them to supply oxygen cylinders on an "on demand" basis and had been assured that steps were being taken to achieve this.

□ *Intrauterine devices:* Despite its representations the Committee was dismayed to learn that the range of intrauterine devices included within the Drug Tariff would not be increased thereby allowing supply by doctors as part of the "personally administered" scheme. The Organon Multiload Copper 250 is to be included.

The PSNC had favoured the supply of this item, as all IUDs, on a stock order basis from the pharmacy to the doctor's surgery. ■

WESTMINSTER REPORT

Private pharmacies will survive

Mr Roland Moyle asked the Secretary for Social Services whether he expects private pharmaceutical retailing to cease under the National Health Service and upon what grounds this might happen. Dr Gerard Vaughan replied, in a written answer, that he assumed Mr Moyle was referring to pharmacies not owned by public companies. He said the Government fully appreciated the part played by local pharmacies, and this was reflected in the changes that had been made in the method for remunerating pharmacists for NHS dispensing, which is hoped will help to promote the viability of useful small pharmacies. "We do not envisage their disappearance." ■

Drug prices

Mrs Dunwoody asked the Secretary for Social Services whether he would set up an investigation into drug prices in the UK to examine whether, or to what extent, drug prices are being held artificially high by UK pharmaceutical manufacturers. In a written answer, Dr Gerard Vaughan said the prices of NHS medicines are regulated under the pharmaceutical price regulation scheme agreed between the Health Department and the Association of the British Pharmaceutical Industry. ■

POWER YOUR WAY TO PROFITS THIS CHRISTMAS!

IN ADDITION
TO EXISTING
PROMOTIONAL
DEALS

This will be the best-ever year for battery sales, with so many electronic toys and games being bought for presents



HERE'S THE BEST BATTERY DEAL ON THE MARKET TO MAKE SURE YOU GET YOUR SHARE OF THE PROFITS TO BE MADE!

VARTA SUPER ENERGY MIGNON BATTERIES 1½ MN 1500 SIZE

NORMALLY £9.24 case of ten cards, each card with 4 batteries.*

NOW ONLY £6.00 per case (uncarded cellophane packs of 4 batteries, ten packs to the case)* *Exclusive of V.A.T.

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Home Office to review security of CDs

The Pharmaceutical Society is to take part in a series of meetings planned by the Home Office to discuss the problems of security of Controlled Drugs. The discussions will cover all aspects of security, including storage cabinets and transport.

During this month's Council meeting, the Law Committee was reminded that a working group under Home Office chairmanship had produced a report in 1980 on the security of Controlled Drugs primarily in pharmacy premises, and that the Society had been represented at a meeting at the Home Office.

There had been continuing discussions since between the head of the Society's law department, Mr G.E. Appelbe, and the Home Office who had suggested that the working group should meet again to agree a programme of work and decide what data the group would need to consider. Once the material was assembled, the group might have a series of meetings in fairly rapid succession early in 1982. The Society had been asked by the Advisory Council on the Misuse of Drugs if it would wish to participate in the working group.

Council agreed to accept the invitation to take part in discussions and that Mr Appelbe should represent the Society.

Transfer to new insulin

The Society is to seek the involvement of general practice pharmacists in the transfer of patients to the new 100 unit insulin.

It was reported that a meeting of manufacturers of syringes and insulins called by the Society, had taken place on November 27. The Society's representatives had expressed concern that, whereas the original starting date for transfer had been the end of 1981 with a six month changeover period, it was now expected that the changeover would start in the spring of 1983 and might last for 2 years. The British Diabetic Association had originally intended that patients should be transferred only by attendance at clinics, but it was now felt that transfers could be achieved locally by arrangements between GPs and pharmacists.

A further meeting of the BDA working party was to be held shortly. Council agreed that the Society's representative on the working party, Mr J.P. Kerr, should seek to ensure that

general practice pharmacists and doctors were involved in transferring patients and that, if the BDA wished to have the co-operation of the profession and at the same time safeguard the public, then the proposed transitional period should be reduced considerably — to six months, if possible.

Advertising at Conference

The showing of photographic slides bearing advertisements is to be allowed at the 1983 British Pharmaceutical Conference in London. It was reported that the London Conference Committee was considering showing a limited number of advertising slides during the intervals of the Conference programme (ie, immediately before professional sessions and during coffee and tea breaks) as a means of obtaining financial sponsorship. The slides would bear discreet wording extending a welcome to London and the conference by the sponsor. The Committee proposed to approach banks, travel and transport companies and large stores.

The Organisation Committee recommended to the Council that such advertising be accepted in principle, subject to the details of any copy and the manner of presentation being approved by the Committee and the Council.

When the matter was discussed at the Council meeting, Mr Dalglish opposed the recommendation, expressing concern at the amount of commercialism creeping into the Conference. The Conference should be the profession's shop window on professional and scientific activities and not on commercial activities, which all too often pushed themselves into the forefront of the profession.

Mr Hitchings pointed out that the London Conferences always cost more than those held elsewhere, and the proposal was an endeavour to obtain some commercial sponsorship. The slides would not be associated with any individual speaker.

Mr Stevens felt that such advertising was disgraceful and "like the old second rate cinema shows." He recalled that some time ago the Council had decided that it would not hold another Conference in London because of the cost, but it had gone back on that, and now all kinds of commercial expedients were being sought to get over it — expedients which were

denigrating to the profession.

Mr Sharpe said that he remembered exactly the same argument being used about whether there should be an exhibition associated with the Conference ten years ago. It had taken some five years to convince the Council that an exhibition would not destroy the professional atmosphere. He asked why the profession continued to have a chip on its shoulder that as soon as somebody was involved in spending money with it, it had become involved in commerce. He added that 99 per cent of conferences could not be held without commercial sponsorship, and it was nonsense for the Council to pretend otherwise. Mrs Puxon added that her experience of medical conferences was that a great deal of assistance was given by drug firms. The Organisation Committee's recommendation was adopted.

□ The Department of Health is proposing to conduct operational studies on the problems of drug distribution and on clinical pharmacy. Both studies are to be undertaken in stages. Council agreed that the Department should be asked to let the Society comment on the first stage of each project before any decision was taken as to whether or not to proceed to the second stage.

□ The Society has been asked to submit evidence in relation to a possible monopoly in the supply of contraceptive sheaths in the UK. The Society is to give the view that sheaths of an appropriate standard should be widely available at reasonable costs.

□ The Royal Society for the Prevention of Accidents has replied to the request for its views on a proposed campaign under which poisonous substances would be labelled with a cartoon character called Garg. It appeared from the reply that RoSPA felt that the Garg symbol was too attractive and that its colour was inappropriate. RoSPA was awaiting the outcome of an evaluation of the Mr Yuk symbol before making any statement on Garg. Council agreed that the office should obtain details of the Mr Yuk evaluation and that the proposer of the Garg symbol should be informed that the Society would comment after considering that evaluation.

□ Mr Myers asked how many schools of pharmacy had aseptic transfer laboratories that met the requirements of the Medicines inspectorate. He also asked for information on whether there were any research students working on biotechnology. Council agreed that the matter should be considered by the Education Committee.

□ It was reported to the Industrial Pharmacists Group that the European

Continued overleaf

Community industrial pharmacists group (GPIIP) was to consider what its future activities should be, now that there were likely to be very few new Community Directives affecting the interests of industrial pharmacists. The group committee felt that the GPIIP should not be disbanded, but should remain active and be able to react to any proposed legislation. It should only initiate matters where urgent topics of European concern arose. Council agreed that those views should be conveyed to the GPIIP.

□ The Society has written to the Department of Health asking when the Medicines Act letter concerned with "qualified persons" under the Act would be published. Publication would allow progress to be made on the list of qualified persons drawn up by the Society, from which assessors would be chosen.

□ It was reported to Council that the head of the Society's law department, Mr

Appelbe, had been invited to give evidence before the House of Lords Scrutiny Committee which was considering the current European Community proposals for the mutual recognition of pharmaceutical qualifications and the right of establishment for pharmacists.

□ Council has reappointed the following to the Poisons Board for the three-year period beginning November 1, 1981: J.C. Bloomfield, D.F. Lewis, A.G. Shaw, B. Silverman and J. Wright.

□ Mr Frank Penson, the Society's financial officer, is retiring on December 31. Presenting him with a cheque as a token of the Council's appreciation of his services, the president said that it was the last Council meeting that Mr Penson would attend as a member of staff. He had joined the Society's staff on October 12, 1931, and the president wished him a long and happy retirement.

□ The Society's research awards for

1981-82 are to be increased to bring them in line with the awards of the Research Councils.

□ Among the guests of the Council at dinner on December 1 were Sir Denis Follows, chairman, the British Olympic Association; Dr Brian Lloyd, chairman, Health Education Council; Dr Keith Taylor, director Health Education Council; Mrs J. Audrey Ellison, secretary, Royal Society of Health; Dr Harold Egan, Government Chemist; Mrs Anne Ballard, general secretary, National Association of Women's Institutes; Mr B.E.V. Sabine, president and Mr J.V. Knighton, secretary, Society of Family Practitioner Committees; Mr J.A. Leaver, president, and Mr R.G. Purser, secretary, Society of Administrators, Family Practitioner Services; Mr Brian Inglis, author and journalist; Mr John Hannam, MP, one of the Society's Parliamentary advisers; and Mr A. Angel, managing director, Merck Sharpe & Dohme Ltd. ■

LETTERS

A call to SDP pharmacists

Following the recent results at both parliamentary and local government by-elections, there has been considerable speculation that the newly-formed Social Democratic Party, in alliance with the Liberals, may form the next Government of this country. At the very least, few people can deny that the alliance is becoming an increasingly important third force in British politics.

With these facts in mind, a small group of SDP pharmacists, who first met at the fringe meeting on health at the SDP conference in October, have, with party approval, decided to investigate the possibility of forming a Social Democratic pharmacy group, to act as a forum for the exchange of views on pharmaceutical and health matters within the context of social democracy.

May I ask those of your readers who might be interested in joining such a group, to write to me so that support for this idea can be ascertained.

N.L. Wood
25 Meadow Rise,
Ingatstone,
Essex CM4 0QY.

Divisive discount

Yet again the inequality between pharmacists and dispensing doctors becomes apparent. Yesterday the local representatives of a major manufacturer called and offered me a 25 per cent bonus

on an anti-inflammatory (to be paid in kind); he also offered me an extra 10 per cent ex-car when I snapped up his offer with a bulk order.

He was back next day — the deal was off. It was for *dispensing doctors only*! Sorry, but he regrets that he cannot help me: his regional manager told him the offer was not open to retail pharmacists.

No wonder dispensing doctors are fighting to keep their dispensing practices when they are propped up so helpfully by the industry in direct contrast to NHS ideology. The blame does not lie with dispensing doctors, but with *our* pharmaceutical industry. Some method of penalising companies which act in this way must be found, for the industry is part of pharmacy.

Richard Sommerville
Denton, Manchester.

The company concerned has denied to *C&D* that discounts as high as those quoted are offered to dispensing doctors (a representative error may have been involved), but claims that such discounts are part of normal commercial practice.

Get into the swing!

With reference to Xrayser's recent column, I have found that traffic flow is influenced to a significant degree by which way the door opens into the shop. If the door is hung on the left (as is most common) then indeed customers push it open with their left hand (their right hand is carrying shopping bags etc) and they sail off to the right. If, however, the door is hung on the right and opens to reveal shelving and merchandising on the left, then that is the direction the customer is guided.

Because of my particular position on a hill it was found practical to have the door of my pharmacy on the left of the

frontage (to avoid a "step"). In addition the long, left-hand side was the obvious positioning for "self-selection." I therefore decided to hang the door on the right and so the vast majority of customers walk down the left-hand side of my shop. After purchasing goods or collecting scripts they are "directed" by discreetly positioned gondolas to walk up the other side of the shop to exit.

So Professor Heineken achieves his anti-clockwise flow unknowingly by the "swinging door" concept, and his theory thus becomes "unhinged!" Cheers!

John B. Dunsire
Wymondham, Norfolk.

HEALTH CENTRE NEWS

■ **City and East London AHA** is seeking planning approval to build a health centre at West Ferry Road, London E14.

■ Work on a new health centre at Wright Street, **Blyth**, Northumberland, is due to start in late 1983, and will take 2½ years to complete.

■ Planning approval is being sought for a two storey health centre with vehicle access and carparking at Old Shet5tleston Road, Glasgow for **Greater Glasgow Health Board**. Approval is also being sought for a health centre at Salamancer Street, Glasgow, of only one storey.

■ A health centre is proposed at Blackburn Road, Birstall, Batley, West Yorks for **Yorkshire RHA**, and Kirklees (Huddersfield) planning is in favour.

■ A new health centre has been opened at the Jennyfields Estate, **Harrogate**, where the population will eventually reach 14,000. The centre will provide facilities for doctors, a dentist, a pharmacy and for community health services.

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Correna will continue in chemists

Correna, the sunglass division of Jackel & Co Ltd are scotching rumours that they are withdrawing from the sunglass market. Mr Kincaid, managing director, Jackel & Co Ltd told *C&D* "We have decided to discontinue distribution in a number of the major department stores." They account for a "substantial" part of Correna's distribution.

According to Mr Kincaid the Correna brand will continue to be sold through chemist outlets along with the Sunbrella range and the company will be concentrating on expanding this sector.

A new range is available for 1982 although "we haven't bought heavily for next season." ■

Acquisition of Modern Health

The directors of Modern Health Products have recommended acceptance of an offer by Briess Holdings Ltd for the entire share capital of the Chessington based company, following the death of managing director, Mr Jack Barrett.

Mrs Rosemary Clarke and Mr Bob Errington will remain on the board and will be joined after completion by Mr Peter Briess as managing director, Mr Peter Rule as sales director and Mr Stephen Rayner. Mr Briess was formerly managing director of Regent Laboratories, a development director of

Lewis & Peat Chemicals Ltd and a director of New Era Laboratories.

The company have recently celebrated their 50th anniversary and the new management say: "We intend, not only to maintain the traditions of the past but will continue research and development into improving and extending the present product range." ■

Rent rises below inflation rate

Commercial rental values grew by 6.1 per cent per annum between May and November 1981, according to the Investors Chronicle Hillier Park rent index for November. This rate of increase is the lowest since May 1977, and although rents have continued to rise slowly it is below the rate of inflation.

The rise in shop rentals has varied in different parts of the country. Central London rent values have declined by nearly 15 per cent in the period, and those for the London area by 5 per cent. While large cities in the North have shown no rental increase, many of the medium sized towns have experienced quite marked rental rises. Overall the Midlands has seen rental values grow by 14.5 per cent and the North by 20 per cent.

Industrial rents have shown no growth for the first time since the index was begun in 1965, whereas office rents have shown the fastest growth.

When adjusted for inflation, the index fell at the rate of 1.9 per cent over the past six months, and now stands at just above the November 1977 level. It has fallen continuously over the past two years. ■

Controlled delivery system for GTN

The American Food and Drug Administration has given its approval to a product which provides controlled transdermal delivery of glyceryl trinitrate.

The product is called Transderm-Nitro and is the first controlled GTN delivery system. It is the second product based on the Alza Corporation's transdermal technology resulting from the joint development between Alza and Ciba-Geigy. Transderm-V, containing scopolamine, was the first such product approved by the FDA. It was introduced in the US by Ciba Pharmaceutical Co for the treatment of motion sickness in July.

When placed on the skin, the Transderm-Nitro multilayered system allows continuous release of GTN for 24 hours. It will be available in different dosages when it is marketed by Ciba early next year.

Alza Corporation is developing and testing, for itself and for other pharmaceutical companies, a broad range of therapeutic systems for the controlled, continuous administration of drugs. ■

Clinical pharmacy award from SK&F

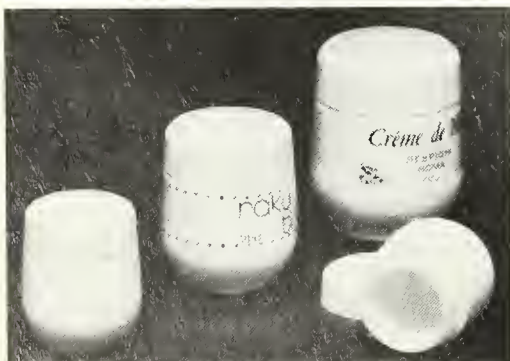
Smith Kline & French vaccines group are to sponsor an annual Clinical Pharmacy Award in preventative medicine. The first award will provide financial support to carry out studies on: "The role of the pharmacist in preventative medicine in childhood."

The award is presented by Smith Kline & French Laboratories and is open to all pharmacists with an interest in clinical pharmacy. A maximum of £500 is available to the successful applicant to provide facilities and/or travel for undertaking the research. A report of the work will be presented in the form of a scientific communication to be read at a meeting of the United Kingdom Clinical Pharmacy Association. A summary of the project (approximately 500 words, with sufficient detail for the adjudicators to assess the work) should be sent, together with an application, to: Mr A.M.S. Cullen, UKCPA, 55 Hartington Way, Mickleover, Derby DE3 5BH. ■

Good news for LRC

LRC International's first-half taxable profits have increased by 12 per cent from £3.42 million to £3.83m aided by lower net interest charges of £1.06m compared with £1.71m.

Turnover for the period to September 30 was up by 4 per cent to £59.55m (£57.35m), however trading profits are down to £4.89m from £5.13m.



In the light of the recent court decision on double-walled jars, International Bottle Co have announced the immediate availability of Eve, a standard range of white opal jars. There are three sizes — 25ml, 50ml and 100ml, all with wide mouth screw necks. They have also added a new nail varnish bottle to their Saturn range of standard containers. Capacity is 7ml and either a ribbed conical or plain cylindrical cap can be supplied



Sir Edward Howard, chairman, sees the results as "A considerable achievement . . . in the present economic conditions. We are looking to generate growth from without, by expanding markets and developing new markets, and also by acquiring new interests in our own field." ■

New Wyeth division

Wyeth are setting up a family planning division which will be responsible for outlining their latest developments in this field to doctors.

The new division will consist of a team of specialised representatives, and in addition to calling on general practitioners and family planning doctors they will extend their service to clinic nurses, gynaecologists and obstetricians. They will use a wide range of audiovisual and printed educational material. At the same time the company's postgraduate department will extend its role in family planning education. ■

Briefly

■ **Allen & Hanburys Ltd** are moving on December 14 to a new premises at: Horsenden House, Oldfield Lane North, Greenford, Middlesex UB6 0HB (telephone 01-422 4225).

■ **Solport Ltd** are moving their glassware division from Potters Bar to enlarged facilities within the company's head office. From January 1 all communication should be sent to Solport Ltd, Portia House, Goring-by-Sea, Worthing, West Sussex BN12 5AD (telephone: 0903 44861, telex 87109).

APPOINTMENTS



■ **Plough (UK) Ltd:** Gary Mulloy has been appointed managing director. Mr Mulloy comes to the company from the post of marketing director and vice-president of Maybelline in the

USA. He has had a varied career in marketing and advertising, working for Alberto Culver, Foote Cone & Belding and Gillette before joining Shering Plough six years ago as marketing manager.

■ **Unichem:** Mr James Anderson, MPS, has been appointed to the northern regional committee. He is secretary of North Tyneside Local Pharmaceutical Committee and is also a member of North Tyneside Family Practitioner Committee and the Newcastle-on-Tyne LPC.

MARKET NEWS

Prices untested

London, December 7: Another reduction of half per cent in the rates charged on loans by the banks brought no reaction from the buyers during the past week. A reduction had been expected for at least two weeks so any surprise that might have occurred related to the small size of the reduction.

As the volume of business in all sectors was at a low level many prices were scarcely tested.

In the essential oil sector the number of price advances were matched by those reduced. Dearer for shipment were camphor white, cedarwood, eucalyptus and vetivert. Lower were cinnamon leaf, lemongrass, *arvensis* peppermint petitgrain and patchouli. The spot rate for petitgrain fell from £9 to £8.10 kg bringing it more into line with the replacement value.

Quite a number of botanicals are now unquoted. Added to that list during the week were jalap and senega. Cape aloes has risen by £70 metric ton. ■

Pharmaceutical chemicals

Ammonium acetate: BPC 1949 crystals £0.8635 kg in 50-kg lots; strong solution BPC 1953 £0.243 kg in 250-kg lots ex works.
Ammonium bicarbonate: BPC £234.77 metric ton, ex-works, in 50-kg bags.
Ammonium tartrate: Commercial £3.29 kg in 50-kg lots.
Aspirin: Ten-ton lots from £1.30 kg.
Borax: EP grade, 2-5 ton lots per metric ton in paper bags, delivered — granular £321, powder £349, extra fine powder £365.
Boric acid: EP grade per metric ton in 2-5 ton lots — granular £482; powder £513.
Carbazochrome: technical £60 kg; sodium sulphonate £105 kg.
Carbon tetrachloride: BP 5-ton lots in 290-kg drums £305 per metric ton.
Chloral hydrate: 50-kg lots £2.55 kg.
Chloramphenicol: BP 73 £19 kg in 500-kg lots.
Chloroform: BP in 180-litre drum from £1.24 per litre for one drum lots down to £0.99 for 39 drums. In 2-litre bottle £3.10 each for 175 litres; £2.50 for 7,000 litres.
Dexpantenol: (per kg) £10.89 in 5-kg lots.
Dextromethorphan: £161.70 in 5-kg lots.
Dihydrocodeine bitartrate: £535 kg in 20-kg lots, Subject to Misuse of Drugs Regulations.
Ether: BP anaesthetic 2-litre bottle £4.20 each for 175 bottles; in 180-litre drum £1,338.75 per 1,000 litres for 8 drums. BP solvent in 180-litre drum from £1,237.50 to £1,142 per 1,000 litres as to quantity.
Homatropine: Hydrobromide £133.10 kg; methylbromide, £126.60 — both in ½-kg lots.
Hydrogen peroxide: 35 per cent £336 metric ton.
Hydroquinone: 50-kg lots £3.08 kg.
Hyoscine: Hydrobromide £490 kg.
Hyoscylamine: Sulphate, 100-kg lots £267.90 kg.
Hypophosphorous acid: (Per metric ton in 50-kg lots). Pure 50% £4,547.50; BPC (30%) £3,267.10.
Isoetharine hydrochloride: £170 kg for 1-kg lots.
Isoniazid: BP 1973 £5 kg in 300-kg lots.
Isonalinaline: Hydrochloride £65 kg; sulphate £60 per g for 1-kg lots.
Mercurials: Per kg in 50-kg lots; ammoniated £15.20; oxide — red £16.30; and yellow £16.05; perchloride £8.85; subchloride £12.10; iodide £15.
Oxalic acid: Recrystallised £1.59 kg for 50-kg lots.
Paracetamol: (Per kg) 10-ton contracts from £2.60 to £2.90; 1-ton £2.95. Premium for d/c £0.35 kg.
Phosphoric acid: BP sg 1,750 £0.5248 kg in 38-drum lots minimum.
Pyridoxine: £21.55 kg for 20-kg lots.
Quinalbarbitone: Sodium in 50-kg lots £28.31 kg.
Reserpine: 100 gram lots £0.22g.
Sodium acid phosphate: BP crystals £1.36-£1.49 kg as to source for 50-kg lots.
Sodium benzoate: £0.70 kg in 500-kg lots.
Sodium bicarbonate: BP from £156.40 metric ton as to grade in minimum 10-ton lots delivered UK. (From October 1).
Sodium chloride: Vacuum dried in 10-ton lots delivered London 4-ply bags £47.56 metric ton.
Sodium citrate: Granular £891 metric ton; powder £911. Five-ton contracts £886 for granular — all in lined bags.
Sodium fluoride: in 50-kg lots £2.43 kg ex works.
Sodium gluconate: Technical £756 metric ton.
Sodium nitrate: Recrystallised £1.24 kg for 50-kg lots.

Sodium nitrite: BPC 1973 £1.29-£1.32 kg as to maker for 50-kg lots ex works.
Tartaric acid: £1,795 per metric ton.
Tetracycline: Hydrochloride £16 kg; oxytetracycline £14.50 in 250-500 kg lots.
Zinc acetate: Pure £1.43 kg in 50-kg lots.
Zinc carbonate: Pharmaceutical grade £720 per metric ton.
Zinc chloride: Anhydrous powder £450 metric ton, delivered U.K.

Crude drugs

Aloes: Cape £1,550 metric ton spot; £1,530, cif. Curacao £2,750, cif.
Balsams: (kg) **Canada:** Short on spot, no quote; shipment £16.25, cif. **Copaiba:** £5.35 spot; £5.25, cif. **Peru:** £9.40 spot; £9.10, cif. **Tolu:** Spot £5.30.
Honey: (per metric ton in 6-cwt drums ex warehouse). Australian light ambers £670-£700; medium ambers £600-£620; Canadian £1,000; Mexican £710; Argentinian (white) £900.
Jalap: Unquoted.
Liquorice: Root, £550 metric ton spot; £580 cif. Block juice £1,400 metric ton spot.
Menthol: (kg) Brazilian £6.10 spot; £6.40, cif. Chinese £5.80 spot; £5.65, cif.
Pepper: (metric ton) Sarawak black £895 spot, \$1,450, cif; white £1,300 spot; \$1,950, cif.
Quillaia: Spot £1,040 metric ton; £1,030, cif.
Seeds: (metric ton, cif). **Anise:** China star £1,850. **Celery:** Indian £500. **Coriander:** Moroccan £350. **Cumin:** Indian £925. **Fennel:** Chinese £550. **Fenugreek:** Moroccan unavailable; Indian £350.
Senega: Canadian unquoted.

Essential oils

Camphor: White £1.20 kg spot; £1.06, cif.
Cananga: Indonesia £17.80 kg spot and cif.
Cedarwood: Chinese £2.60 kg spot and cif.
Cinnamon: Ceylon leaf £2.75 kg spot; £2.45, cif; bark; English-distilled, £150.
Eucalyptus: Chinese £2.50 kg spot; £2.40, cif.
Lemongrass: Cochin £4.90 spot; £4.55, cif.
Patchouli: Indonesia £16.45 kg spot; £15.95 cif.
Peppermint: (kg) **Arvensis** — Brazilian £6 spot; £5.80, cif. Chinese £3.50 spot and cif. American piperata from £13.
Petitgrain: Paraguay £8.10 kg spot; £7.80, cif.
Spearmint: Chinese £8.25 kg spot and cif. American £11.50 spot.
Vetivert: Java £17.80 spot and cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

COMING EVENTS

Window display competition

The organisers of Shop Window '82, the window display competition linked to Shopex International '82, are launching the event earlier than in previous years to allow sufficient time for judging and display at the exhibition which will be held at Olympia June 13-17, 1982.

Entry to the competition is free and entrants have to submit a 10 × 8in matt colour photograph of a current or recent shop window display, with certification by a director, shop owner or manager. The closing date is March 12, 1982.

There are two categories of entry — one for retail organisations with professional and/or full time display facilities, and one for all other retailers. The competition is jointly sponsored by Shopex International, the Shop and Display Equipment Association and the British Display Society.

Entry forms from *Westbourne Exhibitions Ltd, Crown House, Morden, Surrey.* ■

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village pharmacy close to the
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£125,000 per annum. Scripts average
2,250 per month. Freehold property
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**X2 — CHESHIRE / LAN-
CASHIRE BORDER** — This High
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scope for improvement by an
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X3 — DERBYSHIRE — High Peak.
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on rent at £950 per annum was pur-
pose built to serve a council estate of
5,000 people. Turnover in 1980 was
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of counter trade. Fixtures and
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X5 — LANARKSHIRE — Retirement
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2,000 scripts per month. Goodwill,
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X6 — TYNESIDE — Lock up
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X8 — NORTH EAST COAST —
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council estate is highly profitable and
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tained by the owner. Business pre-
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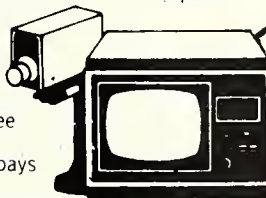
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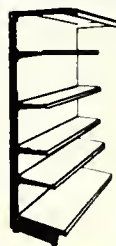
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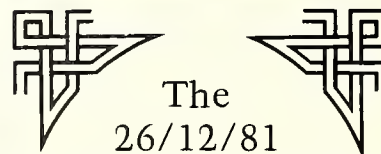
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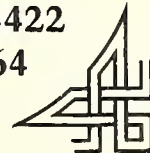


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